

ERITREAN SPORTS FEDERATION IN NORTH AMERICA

P.O. Box 1625, Lilburn, GA 30048

OFFICIAL SPORTS COMPETITION COMPLAINT FORM

<u>Instructions</u>: This form must be completed the same day of the match for which it is filed. It shall be submitted to the ERSFNA's General Secretary no later than 10 PM along with the appropriate filing fee. All fields on this form are required and must be filled. The complaint must be signed by the official team representative and one witness.

COMPLAINT INFORMATION						
Team/	Team/Club Name		Division Team		Representative's Full Name	
	Witness's Full Name			Witness Contact Number		
Match No	Mat	Match Date		h Time	Match Venue	
	Opponent			Head Referee's Name		
	(Ple		OF THE DISPU			
	(110	ase describe in e	is mach actains as	possibiley		
				Atte	ach additional sheets as necessary	
Теат Repr	Team Representative's Signature			Witness Signature		
		FOR OFF	ICE USE ONLY			
Date Received	Time Received	Filing Fee	Action Taken (Upheld/Denied)	Date Action Completed	