

Not including yourself, please list Additional Witnesses to the Incident [If more space required, please include on the back of this form]:

Witness Name:

Address:

Postal Code:

Home Phone:

Cell:

Work:

Email address:

Witness Name:

Address:

Postal Code:

Home Phone:

Cell:

Work:

Email address:

Witness Name:

Address:

Postal Code:

Home Phone:

Cell:

Work:

Email address:

Witness Name:

Address:

Postal Code:

Home Phone:

Cell:

Work:

Email address:

Please note that, in accordance with the Darts Alberta Policy for Disciplinary Proceedings, any incident MUST BE REPORTED WITHIN TWENTY-ONE (21) DAYS of its occurrence. Under no circumstances shall any charges be accepted after this 21-day expiration date.

By signing and submitting this complaint, I acknowledge that the decision of the Disciplinary and Appeals Sub-Committees shall be final and binding; and that no action or proceeding whatsoever shall be commenced against any member of the Darts Alberta Board of Directors or its Disciplinary or Appeals Sub-Committees or Panels for their having participated in any part of these Disciplinary Proceedings.

By submitting this complaint, I acknowledge that I will be required to testify if a Disciplinary Hearing is held to adjudicate this matter. My failure to appear at said Hearing could result in the dismissal of this complaint.

SIGNATURE OF COMPLAINANT(S): _____

DATE: _____

Please send this completed form to:

**Sandi Orr, Administrator
Darts Alberta
Box 163, #14 - 9977, 178 Street NW
Edmonton AB T5T 6J6
Email: administrator@dartsalberta.com**

If submitting this form electronically, an electronic signature may be deemed acceptable or sent from an email addressed that can be verified as being received from the above noted complainant.