

SOUTHERN CALIFORNIA ASA-COMPLAINT FORM

Attach a \$50.00 non-refundable money order or cashiers check made payable to So Cal ASA

I. COMPLAINANT

NAME: _____ EMAIL: _____

COMPLAINANT'S AFFILIATION (team/league/position/age division/etc.): _____

COMPLAINANT'S ADDRESS: _____ DAY PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

II. ACCUSED

NAME: _____ TITLE/POSITION: _____

ADDRESS OF ACCUSED: _____ DAY PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

Accused name, address and telephone number are required or complaint will not be considered.

III. STATE ASA AND/OR SO CAL ASA RULE OR CODE ARTICLE VIOLATED:

IV. DATE, TIME AND LOCATION OF VIOLATION:

DATE: _____ TIME: _____ LOCATION: _____

V. STATE FACTS TO SUPPORT YOUR ACCUSATION:

VI. LIST WITNESSES TO VIOLATION (addresses and telephone numbers must be included):

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

Attach additional sheet(s) if necessary.

By signing below, I, whose name appears above as Complainant, do hereby attest that the facts set forth herein are true and accurate to the best of my knowledge.

Signature of Complainant: _____ Date Signed: _____

ALL ITEMS I THROUGH VI MUST BE COMPLETED TO BE CONSIDERED

MAIL COMPLAINT AND FEE TO (DO NOT FAX):

Adult Softball Complaints

Gary Berouty, Adult Comm.

Southern California ASA

2319 Hill Lane

Redondo Beach, CA 90278