

# Southern Nevada Lacrosse Association

## COMPLAINT / INCIDENT FORM

**MUST BE FILED WITH THE APPROPRIATE COMMISSIONER AND SPORTSMANSHIP DIRECTOR WITHIN 24 HRS OF THE INCIDENT**  
(see bottom of page for email addresses)

GAME INFORMATION			
1. DATE OF GAME		2. LOCATION OF GAME	
3. HOME TEAM		4. VISITING TEAM	
5. HOME COACH		6. VISITING COACH	
7. TYPE OF FACILITY (Park, School, etc.)		8. TIME OF DAY	
9. LEVEL OF PLAY (8U, 10U, 12U, 14U, JV, V)		10. LEAGUE CONTACT:	
SUPPORT PERSONNEL			
11. SENIOR OFFICIAL	12. PHONE	13. SECOND OFFICIAL	14. PHONE
15. SIDELINE ADMINISTRATOR (HOME).	16. PHONE	17. SIDELINE ADMINISTRATOR (VISITING).	18. PHONE
19. WERE SIDELINE ADMINISTRATORS INTRODUCED TO EACH OTHER BEFORE THE GAME BEGAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		20. WERE SIDELINE ADMINISTRATORS INTRODUCED TO GAME OFFICIALS BEFORE THE GAME BEGAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INCIDENT/TERMINATION REPORT			

DESCRIBE THE INCIDENT IN FULL

DID THE GAME REQUIRE TERMINATION? YES  NO  (IF YES DESCRIBE TERMINATION PROCEDURES BELOW)

WERE WARNINGS OR PENALTIES ISSUED RELATIVE TO THE BEHAVIOR ON THE SIDELINES OR ON THE FIELD?

WERE THERE NEGATIVE REPERCUSSIONS AFTER THE GAME ENDED?

RATE HOME TEAM'S SUPPORT (1-10)	RATE VISITING TEAM'S SUPPORT (1-10)	SCORE OF GAME AT TIME OF TERMINATION: HOME _____ VISITORS _____
REPORT FILED BY (PRINT)	SIGNATURE	CURRENT DATE:

BOYS MS: [MSCOMM@SNLA.US](mailto:MSCOMM@SNLA.US) - BOYS HS: [HSCOMM@SNLA.US](mailto:HSCOMM@SNLA.US) - GIRLS HS & MS: [WMS.COMM@SNLA.US](mailto:WMS.COMM@SNLA.US)

SPORTSMANSHIP: [SPORTSMANSHIP@SNLA.US](mailto:SPORTSMANSHIP@SNLA.US)