



Grievance Form
P.O. Box 5435, Station B
1625 Fort Street, Victoria
British Columbia, Canada, V8R 6S4
Darts Victoria Hotline: 250-391-9346

Team Name : _____

Venue : _____

Division : _____

Date Submitted: _____

Grievance Form

(Please Print Clearly)

Who is Lodging the complaint?

Players full name : _____

Team Name : _____

Division : _____

Against Whom is the complaint Lodged?

Players full name : _____

Team Name : _____

Division : _____

Write All Contributing factors and identify witnesses concerning this grievance, ensuring that full names and contact information are used :

Note : This form must be filled out in accordance to the VMTL Constitution, Article VII, Part A, Section 3.2.

Date Received : _____
D / M / Y

Action Taken : _____

President : _____

Signature: _____

Date : _____
D / M / Y