



Code of Conduct Violation Form

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| Complaint #(For Board Use) | |
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Please submit this completed form to atllorg@gmail.com

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|--------------------------------|--|
| Date of Alleged Violation | |
| Teams / Division | |
| Location | |
| Alleged Violator | |
| Alleged Violator's Team / Role | |

| | |
|--------------------|---|
| Type of Violation: | <input type="radio"/> Assault <input type="radio"/> Unsportsmanlike Conduct <input type="radio"/> Safety Violation <input type="radio"/> Drug and alcohol Use <input type="radio"/> Tobacco Use <input type="radio"/> Harassment |
|--------------------|---|

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|---------------------------|
| Description of Violation: |
| |

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|-------------------------------|--|
| Complainant Name | |
| Phone Number /Address/ E-mail | |
| Relationship | |
| Signature | |
| Date | |