# VESC Referee Complaint Form

Date: _____ Competition: _____ Kick-Off: _____

Location: _____ Home Team: _____ Away Team: _____

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Your Name: _____ Your Team: _____

Your Position: _____ Phone Number: _____

Your Email: _____

Description:

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Please leave this form in the "VESC ref shed" in the properly labelled container/section within 48 hours of the scheduled kick-off time.

As of May 13th, 2009