

Not including yourself, please list Additional Witnesses to the Incident [If more space required, please include on the back of this form]:

Witness Name:

Address:

Postal Code:

Telephone (home):

(work):

(fax):

Email address:

Witness Name:

Address:

Postal Code:

Telephone (home):

(work):

(fax):

Email address:

Witness Name:

Address:

Postal Code:

Telephone (home):

(work):

(fax):

Email address:

Witness Name:

Address:

Postal Code:

Telephone (home):

(work):

(fax):

Email address:

Please note that, in accordance with the Darts Ontario Policy for Disciplinary Proceedings, any incident MUST BE REPORTED WITHIN SIXTY (60) DAYS of its occurrence. Under no circumstances shall any charges be accepted after this 60-day expiration date.

By signing and submitting this complaint, I acknowledge that the decision of the Disciplinary and Appeals Sub-Committees shall be final and binding; and that no action or proceeding whatsoever shall be commenced against any member of the Darts Ontario Board of Directors or its Disciplinary or Appeals Sub-Committees or Panels for their having participated in any part of these Disciplinary Proceedings.

By submitting this complaint, I acknowledge that I will be required to testify if a Disciplinary Hearing is held to adjudicate this matter. My failure to appear at said Hearing could result in the dismissal of this complaint.

SIGNATURE OF COMPLAINANT(S): _____

DATE: _____

Please send this completed form to:

**Susan Hine – Acting General Secretary
Darts Ontario
30 Trowell Lane
Ajax, On L1Z 1K4
Email: secretary@dartsonario.com ¹**

January 14, 2011

A signature must be included on this form. Therefore, a scanned copy with signature must be provided if submitting electronically.