COMPLAINTS FORM



I. Complainant's Information Full Name:		
Email Address:		
II. Dates		
Date of Complaint Submission:	Date of Disputed Event or Incide	nt:
/ /	/ /	
dd mm yyyy	dd mm yyyy	-
III. Description of Complaint		
Please provide as much detail as possible, the cogame, the time and date of the incident and a de if available.		