



# UMPIRE INCIDENT REPORT/RULE INQUIRY FORM

Date of Filing: \_\_\_\_\_

Reason for Filing:  Complaint  Rule Inquiry

Person Filing Incident Report: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Your position within the league:  Board Member  Manager/Coach/Team Mom

Parent  Other: \_\_\_\_\_

Game Date: \_\_\_\_\_ Game Time: \_\_\_\_\_

Location (i.e. park name; field): \_\_\_\_\_

Home Team: \_\_\_\_\_ Away Team: \_\_\_\_\_

Division: \_\_\_\_\_

Game Situation: Inning: \_\_\_\_\_ (Top/Bottom) Outs: \_\_\_\_\_

Home Score: \_\_\_\_\_ Away Score: \_\_\_\_\_

Plate Umpire: \_\_\_\_\_ Field Umpire: \_\_\_\_\_

Please describe the nature of your incident/rule inquiry in as much detail as possible. You may continue on the back of this page if necessary:

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By signing below, you are acknowledging that the description of the incident is completely truthful to the best of your recollection.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(BOARD USE ONLY)

Board Member Receiving Complaint: \_\_\_\_\_

Date Collected: \_\_\_\_\_

Action Taken:

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