

# National Show Ski Association

## Officials Complaint/Concern Form

**Instructions:** The purpose of this form is to allow show teams and/or individuals the opportunity to contact someone with a legitimate complaint or concern. Upon completion, forward this form to the Officials' Committee Chairman, with copies to the NSSA President and your NSSA Regional Representative(s). Upon receipt, the Officials' Committee Chairman, or his appointed investigation chairman, will contact the officials of the tournament involved for their input. All of the information received will then be circulated to the Officials' Committee members for review and recommendation. The individual committee member recommendations will then be compiled into a questionnaire/ballot and sent to all committee members for a vote. The committee recommendations, **which may include discipline up to and including suspension of an official's status**, will then be forwarded to the NSSA Board of Directors for final approval.

**NOTE:** Disciplinary action may be applied to the complainant if the Officials' Committee and/or Board of Directors decide that the complaint was totally frivolous and unfounded.

Complainant's Name \_\_\_\_\_ USA Water Ski Membership # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code/Telephone Number (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Club Affiliation (if any) \_\_\_\_\_

Complaint/Concern is directed at \_\_\_\_\_

Whose official position was \_\_\_\_\_

Location of incident (site/city/state) \_\_\_\_\_ Date of incident \_\_\_\_\_

Describe complaint/concern (use the back of this form if additional space is required) \_\_\_\_\_

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Witnesses (if applicable):

Name \_\_\_\_\_ Area Code/Telephone \_\_\_\_\_

Name \_\_\_\_\_ Area Code/Telephone \_\_\_\_\_

Name \_\_\_\_\_ Area Code/Telephone \_\_\_\_\_

Name \_\_\_\_\_ Area Code/Telephone \_\_\_\_\_

Name \_\_\_\_\_ Area Code/Telephone \_\_\_\_\_

Recommendations \_\_\_\_\_

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Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_