Any person may report a season and/or out-of-season violation on this Form. This Form must be signed by the complainant. Where the complainant is a PIAA member school, this Form must be signed by the Principal or Athletic Director. This form must be submitted to the PIAA District Committee having jurisdiction over the PIAA member school allegedly committing the violation(s).

**Part I (Pertains to Person Reporting Alleged Violation[s])**

**PRINT OR TYPE**

Name of Person Reporting Violation: ____________________________

Street Address:______________________________________________

City: ____________________________ State: PA Zip Code: ____________

Business Telephone # ( )_____________ Home Telephone # ( )_______

**Part II (Pertains to PIAA Member School Allegedly Committing Violation[s])**

Name of Principal ____________________________________________________________________________

Name of School__________________________ PIAA District______

Street Address:______________________________________________

City: ____________________________ State: PA Zip Code: ____________

School Telephone # ( )_____________ E-mail: ______________________

Description of Alleged Violation (include all pertinent details such as names, places, dates, the rule or regulation that was allegedly violated, description of the alleged violation, etc.):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

(please turn page over)
Part III

Complainant’s Signature:_________________________ Date: ___/___/____