



Commonwealth of Pennsylvania  
DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION

**COMPLAINT FORM**

This FORM must be completed in order for this Commission to proceed with any Complaints. Be sure to print clearly and state your facts briefly and clearly. Attach any documents to support your Complaint. Any Questions call **1-877-868-2068**.

1. Name of person filing complaint: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_

2. Is the athlete involved in this complaint a student? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If **yes**, state which school/university he/she is enrolled: \_\_\_\_\_

3. Is the athlete involved in this complaint a member of any professional sports team?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If **yes**, list team: \_\_\_\_\_

4. Name of the athletic agent involved in this complaint: \_\_\_\_\_

Agent's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Is this athletic agent registered in Pennsylvania? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Don't know** \_\_\_\_\_

If **yes**, do you know the agent's registration #: \_\_\_\_\_

6. Briefly explain the nature of your complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are you willing to appear at a hearing on this Complaint? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\* Feel free to attach any additional information to this form that would help clarify/explain your complaint.

**If there are any questions or concerns please call the Pennsylvania State Athletic Commission at 1-877-868-2068 or 717-787-5720.**

**Return form to:**

Pennsylvania State Athletic Commission  
2601 North 3<sup>rd</sup> Street  
Harrisburg, PA 17110