

MDUSAG MEET COMPLAINT FORM

NAME OF MEET _____ **DATE OF MEET** _____
MEET SITE _____ **TYPE/LEVEL** _____
MEET DIRECTOR _____

Please explain clearly any problems that arose during this competition. Give specific details if possible.

**Return this form to: John Perna , 1100 Bradley Drive, Westminster,MD 21158
Or FAX 410-857-8316**