

# Handicap Complaint Form



Please fill out the following form to submit an official handicap complaint. You must fill out the form completely. Partially completed forms will NOT be processed.

**First Name:**

**Last Name:**

**Email:**

**Phone:**

**Street Address:**

**City:**

**State:**

**Zip:**

**League Operator:**

**Are you a current APA member?**

- Yes
- No

**How many years have you been playing with the APA?**

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**Does your question/problem relate to (check one)**

- 8-ball
- 9-ball
- Amateur
- Other

**If you have any specific concerns please write them below:**

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