

ALABAMA ATHLETIC COMMISSION

5809 Feldspar Way Suite 109 Birmingham, Alabama 35244 Phone: (205) 438-6205

Fax: (205) 438-6193

COMPLAINT

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City	County	State	Zip
fighter, train			
s made)			
	rent from physic City ONE (1) LICE HADDITIONAL fighter, traine made)	City County ONE (1) LICENSEE PER COMP HADDITIONAL LICENSEE THIS fighter, trainer, promoter, in:	rent from physical address) City County State ONE (1) LICENSEE PER COMPLAINT FORM. HADDITIONAL LICENSEE THIS COMPLAINT fighter, trainer, promoter, inspector, judges made)



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III. Statement of Facts: State in your own words the detailed facts and the actions of the person named in paragraph II which prompted you to make this complaint. The brief space provided below is not intended to limit your statement of facts. Please feel free to attach additional sheets if necessary. Include relevant dates and time and the names and addresses of other persons whom you believe to have knowledge of the facts.
IV. I understand that by initiating this complaint I have started proceedings of a legal nature I further understand that such proceedings could include criminal prosecution which could require my testimony before a grand jury and/or during trial. It is my intention to fully cooperate with the staff of the Alabama Athletic Commission in the investigation of this matter. I agree to testify, if needed, before the Alabama Athletic Commission and/or any other judicial body necessary to resolve this case. I understand that my failure to fully cooperate in this investigation could result in dismissal of this complaint. I am aware however, that at the appropriate time this information may be available to the respondent and/or his/her attorney. I hereby swear or affirm that the information on this form is true and correct to the best of my knowledge.
Complainant(S)
SignatureDate