

CCLA TIME COMPLAINT FORM

If you wish to make a time complaint against a CCLA opponent, please copy this form (so you will have a form available for future use), complete ALL of the required information below, and mail to CCLA, P.O. Box 142, Livingston, NJ 07039-0142. If you wish to send this form by email, download it from www.chessbymail.com (click Time Complaint), copy and paste it in an email, complete the form, and send it to herbhickman@comcast.net.

THE INFORMATION REQUESTED BELOW IS REQUIRED UNLESS OTHERWISE INDICATED. IF ANY OF THE REQUIRED INFORMATION IS NOT SHOWN, YOUR TIME COMPLAINT WILL NOT BE ACCEPTED.

In order to have the information available on the number of accumulated days for you and your opponent, YOU NEED TO SHOW THESE NUMBERS WITH EACH MOVE SENT so that your opponent can challenge them if he does not agree.

NATURE OF COMPLAINT (check one): DATE _____
____ Opponent not replying to my move. (A repeat move must be sent after 16 days, then wait another 16 days for a response before sending the complaint.)
____ Opponent overstepped the time control. (No need to send a repeat move. Complaint must be sent within seven days after receiving a move that exceeds the time limit. Play continues.)

YOUR NAME _____

YOUR ADDRESS _____

EMAIL ADDRESS (optional) _____

OPPONENT'S NAME _____

OPPONENT'S ADDRESS _____

TOURNAMENT SECTION CODE (e.g., G40111) _____

DATE YOUR LAST MOVE WAS SENT _____

DATE YOUR REPEAT MOVE SENT (if opponent not replying) _____

NUMBER OF MOVES SENT AND TOTAL TIME

Game 1: Your moves _____ Your total accumulated time _____

Opponent's moves _____ Opponent's total accumulated time* _____

Game 2 (if any): Your moves _____ Your total accumulated time _____

Opponent's moves _____ Opponent's total accumulated time* _____

COMMENTS (optional) _____

***The opponent's accumulated time is for moves you have received, and does not include time spent on your current unanswered move.**