



SEYCHELLES FOOTBALL FEDERATION

SFF Complaint Form (v2026/01)

Insert
Club Logo

Date: _____

To: CEO
Seychelles Football Federation
Maison de Football
Roche Caiman
Mahé

Dear Sir,

Subject: Official Complaint

We, _____, a duly registered Football/Sports Club under the Associations Act 2022 (Section 3) hereby raise an official complaint for your attention.

As per SFF Regulations and relevant SFF Competition Regulations, the details of the complaint are provided below.

Competition and Match Details (if relevant)

Competition: _____

Match Date & Time: _____

Match Venue: _____

Opposing Club/Team: _____

Complaint details

1. Incident Description: Please describe the incident or incidents you are complaining about in detail, including the time they occurred and the circumstances surrounding them.

2. Evidence: Attach any available evidence to support your complaint, such as video footage, photos, or witness statements. Include the names of witnesses if applicable.

3. Rules Violated: Specify which rules or regulations you believe were violated.

4. Referee's Decision: Include information about the referee's decision on the complained incident, if available.

5. Consequences: Describe how these incidents affected the outcome of the match or had an impact on the fair play and sportsmanship of the game.

6. Resolution Request: State what actions or remedies you are seeking as a result of this complaint (e.g., replay of the match, disciplinary action against individuals, etc.).

Declaration

I hereby submit this official complaint form regarding the incident(s) described above. I understand that this complaint will be reviewed by the appropriate authorities, and I agree to abide by their final decision.

Club/Team Official Details

Name: _____

Role: _____

Signature: _____

Please make sure to complete this form accurately and provide any supporting evidence that you have.
Provide payment or proof of payment of SCR 500 within 24 hours of lodging this protest
Submit the complaint to the SFF Competitions.

SFF Competition Department Official Details

Proof of Payment / Payment Received: Yes/No _____

Name: _____

Role: _____

Date & Time: _____

Signature: _____