



COMPLAINT AND GRIEVANCE FORM

If the complaint does not contain the below information, the complaint may be dismissed without prejudice to its re-filing. If, upon review of the complaint, the appropriate committee chair determines the complainant has merit, you will be notified of your hearing date.

Nature of your grievance:

Competition_____ Team Manager_____ Board_____ Other_____

Would you like a hearing date set to review your claim? Yes_____ No_____

THE NAME AND AFFILIATION OF EACH PARTY:

Name_____ Affiliation_____

Name_____ Affiliation_____

Name_____ Affiliation_____

SET FORTH THE PARTICULAR FACTUAL ALLEGATIONS (*WHAT HAPPENED*) THAT FORM THE BASIS OF THE COMPLAINT, WITH EACH ALLEGATION SET OUT IN SEPARATE PARAGRAPH(S); PLEASE USE ATTACHED PP2.

INCLUDE A SPECIFIC REFERENCE TO EACH PROVISION OF THE CSSA CODE OR RULES THAT ARE ALLEGED TO HAVE BEEN VIOLATED; (*PLEASE NOTE OR RULE INFRACTION*)

SET FORTH THE EFFORTS MADE TO EXHAUST AVAILABLE AND ALTERNATIVE REMEDIES.

SET FORTH ANY WITNESSES THAT MAY SUPPORT OR LEND FACTUAL EVIDENCE TO YOUR CLAIM.

Name_____ Affiliation_____ Phone_____

Name_____ Affiliation_____ Phone_____

Name_____ Affiliation_____ Phone_____

PROVIDE ANY AND ALL EVIDENCE IN SUPPORT OF THE CLAIMANT'S ALLEGATIONS; USE PP2 IF NECESSARY.
