



SARATOGA YOUTH HOCKEY, INCORPORATED

City of Saratoga Springs
County of Saratoga
State of New York

2016-2017

SARATOGA YOUTH HOCKEY INC. GRIEVANCE APPEAL FORM

(Last Updated July 2014)

SYHI GRIEVANCE APPEAL FORM

Grievance Number Assigned to Grievance Submission Claim Form: _____

Date that the resolution/decision regarding the Grievance was communicated to you:

Date: _____ / _____ / _____

**Describe reason(s) you are appealing the decision/resolution:
(Please attach additional pages if necessary)**

SYHI GRIEVANCE APPEAL FORM

THE FOLLOWING IS FOR USE BY SYHI:

Date Received: ____/____/____

Grievance #: _____

How Received: _____

Level Director: _____

Members of SGE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Actions Taken:

SYHI GRIEVANCE APPEAL FORM

Outcome/Resolution:

SYHI President's Name: _____ **Date:** ____ / ____ / ____

Signature SYHI President: _____