

PERSONAL INFORMATION

Complainant's Name: _____

Phone Number: _____

Child's Name: _____

E-mail Address: _____

Team/Level: _____

EVENT IN QUESTION

Date of Offense: _____

Accused's Name: _____

Accused's Parent (if applicable): _____

Specific Rule Violated:

**You must cite a specific Rule/Bylaw/Regulation or Policy that's been violated for the grievance to proceed.*

****Safesport violations are not handled by the Hastings Hockey Association Grievance Procedures**

Witnesses: _____

Team/Level: _____

In the space provided, please describe with specificity the event in question:

HASTINGS HOCKEY ASSOCIATION GRIEVANCE FORM

What has been done to resolve the grievance (meeting with coaches, team manager, etc.)? (attach additional pages if needed)

What is your proposed outcome or what action are you hoping to come from reporting the grievance? (attach additional pages if needed)

Person filing report (please print):

Signature

Date

SUBMIT THIS FORM VIA E-MAIL TO THE APPROPRIATE LEVEL DIRECTOR(S).

Learn Hockey	MiniMites@hastingshockey.com
Mite I and Mite II	Mites@hastingshockey.com
U8 Girls	Girls-inhouse@hastingshockey.com
Squirts	Squirts@hastingshockey.com
Girls-Traveling	GirlsHockey@hastingshockey.com
Pewees	Peewees@hastingshockey.com
Bantams/Jr. Gold	Bantams@hastingshockey.com