

Bismarck Hockey Boosters Grievance Form

Please Read The Instructions Listed Below Before Completing Form

This form must be completed in its entirety before submitting. Incomplete forms will be returned to the originator for completion before a review will occur. Submit this completed form to the Off-Ice Coordinator of the level involved in the incident being reported. Please refer to the BHB Disciplinary Policy, which can be found on the BHB website, for more information.

Name of Individual Submitting Report:

Date Report Submitted

Date Incident Occurred:

Time Incident Occurred:

Preferred Method of Contact:

Phone:

E-mail:

List all Potential Witnesses to the Incident:

List all Members Affected by Incident:

List all Teams Affected by Incident:

List Off-Ice Coordinator of the Level Involved In Incident:

Has the Off-Ice Coordinator Been Contacted?

Yes

No

Has the 24-Hour Period Been Honored Before Reporting Incident?

Yes

No

Grievance Details, Be as Specific as Possible in Your Description
Report Must Include: Location, Who was Involved and Details of the Incident

What Are Your Expectations For Resolution of The Incident?