



## Edina Basketball Association Grievance Form

<b>Date:</b>	
<b>Complainant Name:</b>	
<b>Complainant Phone #:</b>	
<b>Complainant Address:</b>	
<b>Player Name:</b>	
<b>Team (if applicable):</b>	
<b>Coach (if applicable):</b>	
<b>Grievance – please explain in detail and provide dates and list those involved:</b>	
<b>Attempts made to resolve grievance:</b>	
<b>Desired outcome:</b>	
<b>Electronic Signature:</b>	
<b>Relationship to player:</b>	
<b>Response of the Edina Basketball Association Board</b>	
<b>Executive Board Representative's Signature:</b>	
<b>Date:</b>	