

FAIRFIELD YOUTH LACROSSE CLUB

GRIEVANCE FORM

1. Date of incident: _____ Approximate time of incident: _____

2. Location of incident: _____

3. Teams/Clubs present: _____

4. Person(s) initiating grievance: _____

5. Phone # of above: (home) _____ (cell) _____ (e-mail) _____

6. Person(s) against whom grievance is initiated: _____

7. Description of incident (include specific Code of Conduct provision violated):

8. Witness(es): _____

9. Were the Police called? ___ No ___ Yes If yes, explain:

10. Other pertinent information:

11. Signature(s) of person(s) filing the grievance:

_____ Date: _____

_____ Date: _____