

Saint Robert Bellarmine Sports Association

Grievance Form

Date Grievance Occurred: ____ / ____ / ____ Time Grievance Occurred: _____

Date Report Was Filled Out: ____ / ____ / ____ Time Report Was Filled Out: _____

Date Received BY SRBSA: ____ / ____ / ____ Time Received: _____

(For SRBSA Use Only)

(SRBSA Initials)

Name of Complainant: _____

Address of Complainant: _____

Phone Number of Complainant: _____

Email Address of Complainant: _____

Name of Athlete if applicable: _____

Grade: _____ Sport: _____ Gender: _____

Name of the person the complaint is against: _____

Position of the person the complaint is against: _____

Please describe the decision or circumstances causing your complaint (give specific factual details), include dates, times, parties involved behavior involved if a Code of Conduct issue and location of incident: _____

Please explain how you or your child has been harmed by this decision or circumstance:

Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts:

Witnesses (Include names and phone numbers and attach statements and signatures. Witnesses will be called before the Grievance Committee: _____

Please describe the remedy or outcome you seek for this complaint: _____

I declare, to the best of my knowledge, that the information contained in this complaint is correct.

Grievers Signature _____ Date _____

Attach to this form any documents you believe will support the complaint. Please keep a copy of the completed form and any supporting documentation for your records.