## Glade Valley Athletic Association

## Grievance Assistance



Name of person requesting assistance:

Address:

Email Address:			Phone:		
Person filing:	Athlete	Coach	Volunteer	Parent	Other:
Person against:	Athlete	Coach	Volunteer	Parent	Other:

Please describe the circumstances prompting your to request assistance (give specific factual detailsdates/times, locations, witness and names of those involved)

Explain how you have been harmed by this situation:

Please describe any efforts you have made to resolve this situation informally and any responses to your efforts. Indicate dates, names and briefly describe results of these efforts.

(Optional) Please describe the outcome or remedy you seek for this complaint.

Actions/Resolutions taken prior to scheduling a Grievance meeting:

If a Grievance meeting was necessary, indicate date, time, and location of meeting:

List of attendees:

Resolution if any:

If no, list the date of the GVAA Board Meeting in which the topic was discussed and voted: If vote was taken, vote tally:

Final Decision:

How were interested parties notified of outcome:	Date:
Name of person responding to Grievance:	
Position within GVAA:	

Printed Name of GVAA Representative

Signature

Date