

FOREST LAKE YOUTH FOOTBALL (FLYFB)

GRIEVANCE FORM

(Please fill out page 1 and submit)

PERSON REPORTING GRIEVANCE

Name: _____

Phone: _____

Email: _____

LEVEL DIRECTOR REPORTED TO

Name: _____

Email: _____

Date Reported: _____

DESCRIPTION OF GRIEVANCE

Participant(s) charged: _____

Violation: _____ Date(s) of Violation: _____

Location(s) of violation: _____ Time(s) of violation: _____

Other person(s) involved: _____

Witness to violation: _____

Describe in detail the grievance; use a separate sheet of paper if more space is needed. Also attach additional proof or other people's statements of the ethics code violation charge. _____

COOLING OFF PERIOD

Was the 24 hour "Cooling Off" period observed? Yes No

If no, please explain. _____

COACH(ES) NOTIFICATION

If the coach is part of the issue, please indicate below.

Were the Coach(es) informed of the violation? Yes No

If yes, please give the date and time of notification: _____

If no, please explain. _____

Was the issue resolved? Yes No

If yes, please give brief description of outcome. _____

If no, please explain. _____

Reporting person's signature

Date

[FLYFB Ethics and Rules Committee ONLY]

INFORMAL MEETING

If necessary, an informal meeting shall be held by the level director with all involved parties present.

Date and time of the meeting: _____

Who was present at the meeting? _____

If an informal meeting did take place, please give a brief description of the outcome: _____

If an informal meeting did not take place, please explain why. _____

GRIEVANCE COMMITTEE

If necessary a grievance committee, consisting of the FLHA President, the Level Director and the Chairperson of the Ethics/Rules committee, shall be formed to resolve the issue. (If any of these people have a conflict of interest, the Level Director or FLHA President will appoint a replacement)

Date and time of meeting: _____

Who was present? _____

CORRECTIVE ACTION TAKEN

Please give a detailed description of corrective action taken: _____

Reporting person's signature Date

FLHA President's signature Date

Level Director's signature Date

Ethics/Rules committee Chairperson's signature Date

Coach(es) signature Date

I agree with the corrective action taken.

Comments: _____

I disagree with corrective action taken.

Comments: _____

Signature Date