



# NORTH HAVEN GIRLS SOFTBALL LEAGUE

PO Box 150, North Haven, CT 06473

Phone (203) 691-9167

NHGSL bylaws require a grievance or complaint be provided in writing before the league will take any action. This form must be completed in full, and it must be submitted within 5 days of parental knowledge of the incident.

Date Filed:

### Contact Information for person filing the grievance:

Name:	<input type="text"/>		
Address:	<input type="text"/>	Phone #1:	<input type="text"/>
City, State Zip:	<input type="text"/>	Phone #2:	<input type="text"/>
Email:	<input type="text"/>		

Person(s) Grievance is filed against:	<input type="text"/>
Date of the incident	<input type="text"/>

### Please answer all of the following questions. Use of this form is required.

What is the complaint? Please be very specific and concise in presenting the complaint. <input type="text"/>
Describe all actions that you have taken to resolve this issue. Please include all responses to your attempts to resolve this issue. <input type="text"/>
What remedy are you seeking? Please be very specific in identifying the remedy. <input type="text"/>
Please identify the person(s) you have already contacted or talked about this matter with: <input type="text"/>

You may email this form to: [NHGirlsSoftballLeague@gmail.com](mailto:NHGirlsSoftballLeague@gmail.com)

Or Mail the form to: NHGSL  
PO Box 150  
North Haven, CT 06473