

# Wellington Youth Lacrosse Association Grievance Form

1. Date of Incident\_\_\_\_\_ Approximate Time of Incident\_\_\_\_\_
  
2. Location of Incident\_\_\_\_\_
  
3. Teams / Clubs Present\_\_\_\_\_
  
4. Person Initiating Grievance\_\_\_\_\_
  
5. Phone Number for Above (Home)\_\_\_\_\_ (Cell)\_\_\_\_\_
  
6. Person of whom Grievance is initiated\_\_\_\_\_
  
7. Description of Incident (include specific code of conduct Provision violated)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Witnesses\_\_\_\_\_
  
9. Were the police called (Yes or No)\_\_\_\_\_ if yes, explain\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
10. Other Pertinent Information\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
11. Signature(s) of person(s) filing the grievance:  
  
\_\_\_\_\_ Date: \_\_\_\_\_  
  
\_\_\_\_\_ Date: \_\_\_\_\_