

Westerville Warcats Hockey Association Grievance Form

Report Date: _____

Involved Parties: _____

Affected Team: (JV or Varsity) _____

Reason for Grievance (be specific, please include, when the issue occurred, who was involved, what happened and what was said) (attach additional pages if needed)

What are your expectations for resolving the dispute?

Meet with involved party(s)? Yes No

Information purposes only? Yes No

Other? (Attach additional pages if needed, be specific, with regards to your expectations)

Did you honor the 24 Hour Rule? ____ YES ____ NO

Person filing report (please print): _____

Signature (required): _____

How can we contact you? Phone _____ E-mail _____

WWHA Use Only

Date received: _____ *Date of Board meeting:* _____

Board action: _____

Date resolved: _____

Signatures of involved parties listed above: _____
