Grievance Submission Form

Date of Incident _____

Date Submitted _____

Person reporting _____

Contact information

Phone No. _____

Email _____

Details of Incident (include names of witnesses and parties involved):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(I have attached _____ additional pages)

Action taken by Cleveland Heights Hockey League (to be completed by the Head of Program):

_____
_____
_____