

WESTLAKE LACROSSE ASSOCIATION GRIEVENCE FORM

1. Date of incident: _____ Aprox. Time of incident: _____

2. Location of incident: _____

3. Team/Clubs present: _____

4. Person/(s) initiating grievance: _____

5. Phone # of initiator of grievance: (home) _____(cell) _____

(e-mail) _____

6. Person(s) against whom grievance is initiated: _____

7. Description of incident (include specific Code of Conduct provision violated):

8. Were the Police called? _____ No _____ Yes If yes, explain:

9. Other pertinent information:

10. Signature(s) of person(s) filing the grievance:

Date: _____

Date: _____