

Grievance Form

Mail form to:

Fernley Youth Football League
P.O. Box 461
Fernley, Nevada 89408

Name: _____ Date: _____

Address: _____

Participant's Name: _____

State your grievance in detail, including the date of aggrieved act(s):

Identify other people with personal knowledge or observance of your grievance:

State briefly your effects to resolve this grievance:

Describe the remedy or solution you seek:

Signature

Date

Grievance Form

The Board of Directors consisting of a minimum of three (3) members will review Grievance Form and take any necessary action. A copy of their decision will be mailed to the name and address described above.

No one person "runs" the FYFL. It consists of a Board of Directors, Managers, Committees, Coaches and Parents who volunteer their time with no pay, a rewarding and sometimes a thankless job. Please respect our volunteers.

Board of Directors Use Only:

Date: _____

Notes:

Decision and/or Action Taken:

Name of Board Member(s)

Signature of Board Member(s)

_____	_____
_____	_____
_____	_____
_____	_____

Signature of aggrieved: _____ Date: _____