

URSA COMPLAINT AND GRIEVANCE FORM

If the complaint does not contain the below information, the complaint may be dismissed without prejudice to its re-filing. If, upon review of the complaint, the appropriate committee chair determines the complainant has merit, you will be notified of your hearing date.

Nature of your grievance:

Player____Team____ Manager/Coach_____Board_____Other_____

Would you like a hearing date set to review your claim? Yes_____No_____

THE NAME OF EACH PARTY;

Name_____ Affiliation _____

Name_____ Affiliation _____

Name_____ Affiliation _____

SET FORTH THE PARTICULAR FACTUAL ALLEGATIONS THAT FORM THE BASIS OF THE COMPLAINT, WITH EACH ALLEGATION SET OUT IN SEPARATE PARAGRAPH(S). INCLUDE A SPECIFIC REFERENCE TO WHAT HAPPENED AND/OR RULES THAT ARE ALLEGED TO HAVE BEEN VIOLATED

SET FORTH THE EFFORTS MADE TO EXHAUST AVAILABLE AND ALTERNATIVE REMEDIES.

SET FORTH ANY WITNESSES THAT MAY SUPPORT OR LEND FACTUAL EVIDENCE TO YOUR CLAIM.

Name & Phone_____

Name & Phone_____

Name & Phone_____

PROVIDE ANY AND ALL EVIDENCE IN SUPPORT OF THE CLAIMANT'S ALLEGATIONS.
