



RRSA GRIEVANCE AND COMPLAINT FORM

Date Grievance _____

Date of incident _____ Game Time _____

- Check here if you wish to remain anonymous
- Check here if you an umpire Umpire Name _____

Name of persons filing the grievance (must be two people to be considered):

1. _____ Team _____
2. _____ Team _____

This complaint or grievance we are filing is a result of aggressive behaviour (check all that apply):

- Physical abuse
- Verbal abuse
- Threat
- Intimidation
- Harassment
- Coercion
- Conduct which threatens or endangers the health or safety of any person
- Use of fighting words (explain) _____
- Other (explain) _____

Player named in grievance: _____ Team _____

Player named in grievance: _____ Team _____

Details of grievance:

RRSA Use Only:

Team _____ Incident # (circle) 1 2 3

Player _____ Incident # (circle) 1 2 3

Player _____ Incident # (circle) 1 2 3

Outcome of discussion: Date _____