

**Catholic Athletic League of the Archdiocese of Miami**

**Grievance Form**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be filed within 5 school days of the event)

**Name of person filing grievance:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Sport:** \_\_\_\_\_ **Level:**     **JV Varsity**

**Date of Event:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Grievance is about (circle one)**

**Coach            Spectator            Umpire/Referee            Team Member**

**If spectator is circled, was it a:**

**Student            Faculty/Staff Member            Parent            Unknown**

**Describe the incident in detail. Include names if known. Use the reverse side of this form if more space needed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**This form MUST be signed by the school principal and the Athletic Director.**

**Grievances without these signatures will be returned to sender.**

**Principal:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_