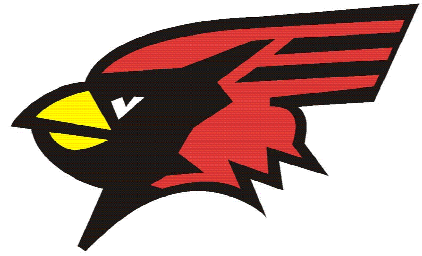


# Alexandria Area Hockey Association

## Grievance Report



Report Date: \_\_\_\_\_

Affected Player(s): \_\_\_\_\_

Affected Team: \_\_\_\_\_

Reason for Grievance (attach additional pages if needed)

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What has been done to resolve the grievance (meeting with coaches, team manager, etc.)? (attach additional pages if needed)

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Person filing report (please print) : \_\_\_\_\_

Signature \_\_\_\_\_

How can we contact you? Phone \_\_\_\_\_ E-mail \_\_\_\_\_

*AAHA Use Only* *No.* \_\_\_\_\_

*Date received* \_\_\_\_\_ *Date responded to:* \_\_\_\_\_

*Response given:* \_\_\_\_\_

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