

Walker Youth Hockey Association

Grievance Report Form

Created by Hockey Development Committee

Date of Incident: _____ Time: _____ AM/PM

Location: _____

You are a: ___ Skater ___ Parent ___ Head Coach

 ___ Asst. Coach ___ Referee ___ Spectator

 ___ Other _____

Reason for Grievance (please attach additional pages if necessary):

Others who may have witness incident: _____

What has been done to resolve the grievance (i.e. meeting with coaches, etc.)? _____

Contact Information: Phone _____ Email _____

Person filing report (please print): _____

Person filing report (signature): _____ Date: _____

Hockey Development Use Only

Date Received: _____ How Received: _____

Action(s) Take: _____

Outcome/Resolution: _____

Notes Regarding Grievance: _____

Follow-Up Notes: _____

HDC Chair Signature: _____ Date: _____