

Edina Baseball Association Grievance Form

Date:	
Complainant Name:	
Complainant Phone #:	
Complainant Address:	
Player Name:	
Team (if applicable):	
Coach (if applicable):	
Grievance - please explain in detail and provide dates and list those involved:	
Attempts made to resolve grievance:	
Desired outcome:	
Electronic Signature:	
Relationship to player:	
Response of the Edina Baseball Association Board:	
Executive Committee Representative's Signature:	
Date:	