BRAINERD AMATEUR HOCKEY ASSOCIATION (BAHA)
GRIEVANCE RESOLUTION FORM

Attach all relevant documentation to this form and submit via email to the chairperson of the SafeSport/Grievance/Discipline (SSGD) Committee

Please note the following:

- All grievances must be submitted using this BAHA "Grievance Resolution Form" before review by the SSGD Committee. Incomplete forms will not be accepted. Upon submission of this form, all communication regarding this complaint must be directed to the chairperson of the SSGD Committee by email.
- The grievant must properly file this form within fourteen (14) calendar days after the incident occurred, or the grievance may not be heard.
- Complaints will be addressed in accordance with the Code of Conduct, along with supporting policies that may apply on a case-by-case basis.
- Failure to follow the grievance resolution policies outlined in the BAHA Handbook may incur punitive action by the BAHA Board of Directors.

PERSON REPORTING GRIEVANCE

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

COOLING OFF PERIOD

Was the 24-hour "Cooling Off" period observed? □ Yes □ No

Concerns should be addressed at the most immediate level before seeking resolution by the SSGD Committee. Please list the name of the head coach, team manager, coordinator, or director making the initial decision:

_____ Date reported: _____

Describe the resolution offered at the most immediate level:

_____

_____

_____

_____

_____

_____

EVENT IN QUESTION

Accused's Name: _____

Specific rule violated: _____

Date(s) of violation: _____ Time(s) of violation: _____

Location(s) of violation: _____

Other person(s) involved: _____

_____

Witnesses to violation: _____

_____

Describe in detail the violation in question. Additional proof or other people's statements should be sent as an attachment with this document.

_____

_____

_____

_____

_____

_____

_____

Describe how you would like to see the violation(s) resolved:

_____

_____

_____

_____

Your Signature: _____

Date: _____

FOR USE BY SSGD COMMITTEE

Was the form submitted within 14 days of the incident? □ Yes □ No

ACTIONS TAKEN BY THE SSGD COMMITTEE

□ No Further Resolution: _____

_____

_____

_____

□ Immediate Action Required: _____

_____

_____

_____

□ Hearing: _____

_____

_____

_____