

HCTL LOCAL LEAGUE GRIEVANCE AND APPEAL FORM

PLEASE COMPLETE ALL INFORMATION.

Grievance/Appeal filed by:

Name/Address
Date/Time Filed

Level

Home Phone Number
Number

Office Phone Number

Mobile Phone Number

Fax

Email address(es)
Signature

Team Name

(Grievances Only) Grievance Against:

Grievance Against

Level

Team Name

Type - Conduct, Rules, NTRP, Eligibility, etc.
Incident

Location of Match

Date/Time of

Position Played

Names of Other Individuals Involved

Description of Grievance or Basis for Appeal of Grievance Committee

Decision: (Continue on next page or on additional sheets if necessary.)

webform-03