

PNW/TOA Grievance Report

Complaint Against

Name _____ Street Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Position _____ (Player, Parent, Coach, Official, etc.) Age Division _____

Filed By

Name _____ *Street Address _____

*City _____ *State _____ *Zip _____

*Phone () _____ *Email _____

Position _____ (Player, Parent, Coach, Official, etc.) Age Division _____

Signature _____

[Grievance Reports are NOT CONFIDENTIAL and will be provided to ALL parties to ensure Administrative due process]

[If you wish for your contact information (see asterisked* info above) to remain confidential please provide it on a separate attachment marked CONFIDENTIAL. Do not include any confidential contact information on your additional attachment pages addressing the Details of Grievance section below.]

Where Grievance Occurred

Name of Tournament _____ Date _____

Location of Tournament (City, State, Venue) _____

Tournament Director _____ Tournament Referee _____

Phone or email _____ Phone or email _____

Details of Grievance (Be specific and include any witness contact information. Attach Additional pages if necessary)

Date received _____ Date to Grievance _____

Date Decision _____ Date Closed _____

Date of Appeal _____ Date Appeal Decision _____

Date Closed _____ Reassigned to Section/District _____