

RFHYL FORMAL GRIEVANCE
THIS FORM MUST BE COMPLETELY FILLED OUT

Name of Grievant (Please Print):	Phone:
Address:	Name/Grade of Player (if applicable)
Date, time and place of event leading to grievance:	Date you became aware of the event, <i>(if different)</i> :
Detailed description of grievance including names of other persons involved, if any:	
Witnesses to the events leading to the grievance, if any:	
Proposed solution to grievance:	
Grievant: After completing and signing this form please scan and email to rfhylacrosse@gmail.com or send by direct mail to: RFHYL Grievance Committee PO Box 465 Rumson, NJ 07760 Your grievance will be reviewed by the RFH Youth Lacrosse Grievance Committee and you will receive a response according to the Grievance Policy posted on www.rfhyouthlacrosse.org	

Signature _____

Date _____