



## COMPLAINT AND GRIEVANCE FORM

If the complaint does not contain the below information, the complaint may be dismissed without prejudice to its re-filing. If, upon review of the complaint, the appropriate committee chair determines the complainant has merit, you will be notified of your hearing date.

**Nature of your grievance:**

Competition \_\_\_\_\_ Eligibility \_\_\_\_\_ Player \_\_\_\_\_ Team Manager/Coach \_\_\_\_\_ Board \_\_\_\_\_ Other \_\_\_\_\_

**Would you like a hearing date set to review your claim? Yes \_\_\_\_\_ No \_\_\_\_\_**

**THE NAME AND AFFILIATION OF EACH PARTY:**

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

**SET FORTH THE PARTICULAR FACTUAL ALLEGATIONS THAT FORM THE BASIS OF THE COMPLAINT, WITH EACH ALLEGATION SET OUT IN SEPARATE PARAGRAPH(S). INCLUDE A SPECIFIC REFERENCE TO EACH PROVISION OF THE CSSA CODE OR RULES THAT ARE ALLEGED TO HAVE BEEN VIOLATED; (PLEASE NOTE OR RULE INFRACTION)**

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**SET FORTH THE EFFORTS MADE TO EXHAUST AVAILABLE AND ALTERNATIVE REMEDIES.**

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**SET FORTH ANY WITNESSES THAT MAY SUPPORT OR LEND FACTUAL EVIDENCE TO YOUR CLAIM.**

Name \_\_\_\_\_ Affiliation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Affiliation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Affiliation \_\_\_\_\_ Phone \_\_\_\_\_

**PROVIDE ANY AND ALL EVIDENCE IN SUPPORT OF THE CLAIMANT'S ALLEGATIONS.**

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