



Homer Hockey Association
Grievance Form

Report Date:

Involved Parties:

Affected Group or Team:

Reason for Grievance (be specific to include, when the issue occurred, who was involved, what happened and what was said) (attach additional pages if needed):

What are your expectations for resolving the dispute?

Meet with involved party(s)? Yes No

Information purposes only? Yes No

Other? (Be specific to your expectations, attach additional pages if needed)

Did you honor the 24-Hour rule outlined in the HHA Hadnbook? Yes No

Name of person filing this report:

Phone Number:

Email:

HHA Use Only

Date Received:

Received By:

Referred to Grievance Committee: Yes No

Date of Grievance Committee Meeting:

Committee plan to address this grievance:

Actions Taken: (attach additional pages if necessary):

Date Resolved:

Signatures of involved parties listed above: