



C.Y.O. ATHLETICS GRIEVANCE FORM



Date Grievance Occurred: _____

Time Grievance Occurred: _____

Date Report Was Filed: _____

Time Report Was Filled Out: _____

Date Received By CYO Office: _____
(For CYO Office Use Only)

Time Received: _____ | _____
(CYO Office Initials)

Name of Complaint: _____

Address of Complaint: _____

Phone Number of Complaint: _____

Email Address of Complaint: _____

Name of Athlete if applicable: _____

Division: _____ Sport: _____ Gender: _____

Name of the person the complaint is against: _____

Position of the person complaint is against: _____

Please describe the decision or circumstances causing your complaint (give specific factual details), include dates, times, parties involved if a Zero Tolerance issue occurred and location of incident: _____

Please explain how you or your child has been harmed by this decision or circumstance:

Please describe any efforts you have made to resolve your complaint informally and the response to your efforts:

Witnesses (Include names and phone numbers and attach statements and signatures. Witnesses will be called before the CYO Athletic Director and/or Executive Council:

_____	_____
_____	_____
_____	_____

Please describe the remedy or outcome you seek for this complaint: _____

I declare, to the best of my knowledge, that the information contained in this complaint is correct.

Griever's Signature _____ Date _____

Attach to this form any documents you believe will support the complaint. Please keep a copy of the completed form and any supporting documentation for your records.