



CENTENNIAL YOUTH HOCKEY ASSOCIATION

P.O. Box 356
Circle Pines, Minnesota 55014



GRIEVANCE FORM

When filing a *Grievance*, please send a copy to:
Lisa Hockert, *CYHA* President
P. O. Box 356
Circle Pines, MN 55014

Part I: Completed by CYHA Member:

Name of Grievant _____

Team (if applicable) _____

Coach (if applicable) _____ Date of Occurrence _____

A) Nature of the Alleged Violation:

1. Please provide a brief description of the events or activities which are the basis for this grievance:

2. The grievant alleges that CYHA's actions constitute violations of (Check one or more of the following):

___ CYHA Members Handbook: Section(s) Number _____

___ CYHA Board Members Handbook Section(s) Number _____

___ Minnesota Hockey / USA Hockey Section (s) Number _____

___ Other (explain) _____

B) Remedy sought by the Grievant: _____

PART II: President to complete after initial discussion by the CYHA Board:

___ Grievance remains unresolved

___ Grievance Resolved (describe settlement) _____

Date of Resolution _____

Signed _____ CYHA Board Member, title	Signed _____ Grievant, CYHA Member
Date _____	Date _____