

# Owatonna Youth Hockey Association

# Grievance Procedure

Player Name:	Team:
Person Filing Grievance:	Relationship to Player:
Phone:	Email:

Date Grievance Occurred:	
Details of the incident (be specific):	*Use additional sheets if necessary
List any witnesses to the incident:	*Use additional sheets if necessary
List the steps that you have already taken to alleviate the grievance:	*Use additional sheets if necessary
Date:	Signature:

\*All grievances will be reviewed by OYHA within 7 business days\*

\*All actions taken by OYHA will be recorded on reverse side & will be kept for record purposes\*

\*Return form to: **[grievances@owatonnahockey.com](mailto:grievances@owatonnahockey.com)**