



COLUMBUS CHILL YOUTH HOCKEY ASSOCIATION

Grievance Submission Form

Email to: PRESIDENT@ccyha.org

Day & Date of Incident: _____ Time: _____AM/PM

Location: _____

You are a: ☐ Skater ☐ Parent ☐ Head Coach ☐ Asst. Coach
☐ Referee ☐ Spectator ☐ Other

Describe Incident [Please attach additional pages if necessary]:

Others who may have witnessed the Incident: _____

Name Printed

Signature

Date

Address: _____

Phone: (Day) (____) _____ (Evening) (____) _____

E-Mail Address: _____

The following is for use by CCYHA

Grievance # _____

Date Received: _____ How Received: _____

Action(s) Taken: _____

Outcome/Resolution: _____

Notes Regarding Incident: _____
