SNUG HARBOR LITTLE LEAGUE

INCIDENT / GRIEVANCE REPORT

This form must be completed and returned to a Snug Harbor Little League Board Member.

Date: _____

Time: _____

Field: _____

League: _____

Give complete description of the incident including all witnesses:

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Name: _____

Received By: _____ Date: _____

Phone: _____

*Additional pages may be added if necessary. Page ____ of ____