

Centennial Basketball Association

GRIEVANCE FORM

Today's Date: _____

Name of Player and Parent: _____

Name of Coach/Grade and Level: _____

Location, Date & Time of Incident(s): (practice/tournament game/site, etc.):

Individuals involved (player, coach, parent, opposing team, witnesses, etc.):

Description of what has occurred and what steps have been taken to rectify the situation to this point. Please be as detailed as possible.

Submitted by _____ Please email or deliver this form to the CBA President or Vice-President within 5 days of a meeting with the Traveling Director. Please see the CBA website for contact information. The issue will be handled appropriately by the CBA Executive Board and a decision will be delivered in writing. Thank you.