

Bulldog Hockey Association Grievance Form

Please submit the completed form to the following individuals:

BHA President: president@bulldoghockey.org

Report Date: _____

Affected Player(s):

Affected Team:

Reason for Grievance

What has been done to resolve the grievance (meeting with coaches, team manager, etc.)?

What is your proposed outcome or what action are you hoping to come from reporting the grievance?

Person filing report (please print):
No anonymous reports will be accepted.

Signature

How can we contact you? Phone and Email info please:

BHA Use Only

Grievance No: _____

Date received: _____ Date responded to: _____

Response given:
