

GRIEVANCE APPEAL FORM
PLATTSBURGH YOUTH HOCKEY ASSOCIATION

Email to: Trent Trahan, PYH vice-President (ttrahan@primelink1.net)

Grievance Number Assigned to Grievance Submission Claim Form: _____

Date that the resolution/decision regarding
the Grievance was communicated to you: _____

Describe reason or reasons you are appealing the decision/resolution [attach additional pages if
necessary]:

The following is for use by Plattsburgh Youth Hockey

Grievance # _____

Date Received: _____ How Received: _____

Action(s) Taken: _____

Outcome/Resolution: _____

Notes Regarding Appeal: _____
