

GRIEVANCE SUBMISSION FORM
PLATTSBURGH YOUTH HOCKEY ASSOCIATION

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

Day & Date of Incident: _____

Time: _____ AM/PM

Location: _____

You are a:

Skater Parent Head Coach Asst. Coach

Referee Spectator Other

Describe incident [attach additional pages if necessary]:

Others who may have witnessed the Incident: _____

Name	Signature	Date
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Address: _____

Phone: (____) _____

Email Address: _____

The following is for use by Plattsburgh Youth Hockey
Grievance # _____

Date Received: _____ How Received: _____

Action(s) Taken: _____

Outcome/Resolution: _____

Notes Regarding Appeal: _____
