

**Park Rapids Area Hockey Association  
Grievance Form**

Report Date: \_\_\_\_\_

Involved Parties: \_\_\_\_\_

Affected Team: \_\_\_\_\_

Reason for Grievance (be specific to include, when the issue occurred, who was involved, what happened and what was said) (attach additional pages if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations for resolving the dispute?

Meet with involved party(s)?    Yes    No

Information purposes only?    Yes    No

Other? (Attach additional pages if needed, be specific to your expectations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you honor the 24 Hour Rule?     YES     NO

Person filing report (please print): \_\_\_\_\_

Signature (required): \_\_\_\_\_

How can we contact you? Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\*\*\*\*\*

***PRAHA Use Only***

*Date received:* \_\_\_\_\_ *Date of Board meeting:* \_\_\_\_\_

*Board action:* \_\_\_\_\_

\_\_\_\_\_  
*Date resolved:* \_\_\_\_\_

*Signatures of involved parties listed above:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_