



St. Albert Ringette Association

COMPLAINT

Nature Of Complaint:

(use reverse if necessary)

Submitted By: _____

Signature: _____

Date: _____

FOR ST. ALBERT RINGETTE ASSOCIATION EXECUTIVE USE ONLY

Received By: _____

Date: _____

Reference Number: _____

Is Submission Valid? _____

Date: _____

Submitter Notified? _____

Date: _____

Below is applicable only if the Submission is valid

Named Members (if any) informed? _____

Date: _____

Appeals (if any) received by: _____

Date: _____

Actions Taken:

Date: _____

(use reverse if necessary)

Submitter Notified?

Date: _____