**Steinbach Ringette Association –**

**Grievance Submission Form**

**Purpose:** This form is to be used by any member of the Steinbach Ringette Association (SRA) who wishes to formally submit a grievance related to conduct, decisions, or incidents involving players, coaches, officials, volunteers, or Board members.

**Grievance Procedure**

1. Please complete this form if you have a grievance to file.
2. Wait at least 24 hours after the incident before submitting the form.
3. Submit the completed grievance form to: **Steinbach Ringette Association** via email s**teinbachringette@gmail.com** ATTN: Grievance
4. Please allow up to 48 hours for initial processing. All grievances will be reviewed in accordance with the SRA Grievance Policy. Confidentiality will be maintained to the fullest extent possible

**Section 1: Contact Information**

* **Name of person filing grievance:** Click or tap here to enter text.
* **Phone Number:** Click or tap here to enter text.
* **Email Address:** Click or tap here to enter text.
* **Role in Association:** [ ]  Parent  [ ]  Player  [ ]  Coach  [ ]  Manager  [ ]  Official  [ ]  Volunteer  [ ]  Other: \_\_\_\_\_\_\_\_\_\_

**Section 2: Details of Grievance**

* **Date of Incident:** Click or tap here to enter text.
* **Location of Incident (if applicable):** Click or tap here to enter text.
* **Team:** Click or tap here to enter text.
* **Individuals Involved:** Click or tap here to enter text.
* **Description of Grievance:** *(Please provide a clear and factual account of the issue. Attach additional pages if needed.)*

 Click or tap here to enter text.

**Section 3: Incident History**

* **Is this the first time this problem has occurred?** [ ]  **Yes**[ ]  **No**
* **If no, how many times has this problem occurred in the past?**

Click or tap here to enter text.

* **If yes, were you involved in the previous incidents?** [ ]  **Yes**[ ]  **No**

**Section 4: Resolution Attempts**

* **Have you attempted to resolve this situation by talking to the other people involved?** [ ]  **Yes**[ ]  **No**
* **If yes, what were the results of those conversations?**

Click or tap here to enter text.

* **If no, why have you not had this conversation?**

Click or tap here to enter text.

**Section 5: Desired Outcome**

* **What outcome are you hoping for through this grievance process?**

Click or tap here to enter text.

**Section 6: Additional Information**

* **Other pertinent information you wish to share:**

Click or tap here to enter text.

**Section 7: Signature**

I affirm that the information provided in this grievance is accurate to the best of my knowledge.

* **Signature:** Click or tap here to enter text.
* **Name (printed):** Click or tap here to enter text.
* **Date:** Click or tap here to enter text.