



# PROTEST GRIEVANCE FORM

## PROTESTING/GRIEVING PARTY

TEAM: _____	AGE _____	DIVISION: _____
-------------	-----------	-----------------

## PROTEST INFORMATION

GAME: _____ vs. _____	TIME OF GAME: _____
WE, THE _____, HEREBY SUBMIT A PROTEST/GRIEVANCE ON THE ABOVE GAME FOR THE FOLLOWING REASON(S):	
<b>INCIDENT:</b>	
<b>REASON FOR PROTEST/GRIEVANCE:</b>	
TEAM STAFF SIGNATURE: _____	DATE: _____

## INCLUDED HERewith, CASH/CHEQUE FOR DEPOSIT ON THE PROTEST OR GRIEVANCE.

NAME:
TIME OF PROTEST SUBMISSION:
RECEIVED BY:
LOCATION:

CONTACT PERSON: _____	PHONE _____	NUMBER: _____
ALTERNATE CONTACT: _____	PHONE _____	NUMBER: _____

**RETURN THIS FORM TO THE HOST CHAIRPERSON, RNS DELEGATE, OR ANY MEMBER OF THE PROTEST AND GRIEVANCE COMMITTEE, WITHIN 30 MINUTES OF THE GAME BEING PROTESTED.**