



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):
INCIDENT: _____

REASON FOR PROTEST/GRIEVANCE: _____

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 PERSON: _____ 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.