

GLAYF & GLAYC GREIVANCE FORM

Please complete this form and submit it to you Community Representative, or any member of the Rules or Officials Committee.

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COMPLAINANT TELEPHONE: HOME WORK

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ADDRESS

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CITY AND TEAM

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STATEMENT OF VIOLATION (S), INCLUDE APPLICABLE RULE (S).

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ITEMS OF PROOF

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WITNESSES: ADDRESS AND PHONE NUMBER

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OFFENDERS NAME

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CITY AND TEAM

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DATE AND SITE VIOLATION OCCURRED