



Ventura Coast Youth Baseball

Serving the community of Ventura

Date Filed:

GRIEVANCE FORM

Contact Information for Person Filing the Grievance:

Name:	<input type="text"/>		
Address:	<input type="text"/>	Phone #1:	<input type="text"/>
City, State Zip:	<input type="text"/>	Phone #2:	<input type="text"/>
Email:	<input type="text"/>		

Person Grievance is Filed Against:

Date(s) of The Incident

Please answer all of the following questions. Use of this form is required.

<p>What is the complaint? Please be very specific and concise in presenting the complaint.</p> <input type="text"/>
<p>Describe all actions that you have taken to resolve this issue. Please include all responses to your attempts to resolve this issue.</p> <input type="text"/>
<p>What remedy are you seeking? Please be very specific in identifying the remedy.</p> <input type="text"/>
<p>Please identify the person(s) you have already contacted or talked about this matter with:</p> <input type="text"/>

**Submission Options: Hand deliver or Email to:
Any VCYB Executive Board Member (www.vcyb.org)**