

GARDENDALE GIRLS SOFTBALL

Grievance Form

Date Filled: _____

Contact Information for person filling the grievance:

Name: _____

Address: _____

City, State, Zip _____

Phone: _____

Alternate Phone: _____

Email: _____

Person Grievance is filed against: _____

Date of the incident: _____

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

What is the complaint? Please be very specific.

Describe all actions that you have taken to resolve this issue. Please include all responses to your attempts to resolve this issue.

What remedy are you seeking? Please be very specific.

Please identify the person(s) you have already contacted or talked about this matter with.

You may email this form to : gardendalegirlssoftball@gmail.com

Or mail the form to: Gardendale Girls Softball Association
2109 Moncrief Road
Gardendale, AL 35071