HSAFC Grievance Form

Name:

Role in Club:

Contact Details:

Date of Grievance:

Nature of grievance:
☐ Conflict with volunteer
☐ Conflict with committee
☐ Treatment/behaviour concern ☐ Breach of policy
☐ Other

Full details of grievance:

Steps already taken (if any):

What outcome are you seeking?

Signature:

Date: