



Grievance Policy Form

Contact info for person(s) filing the grievance: _____ Date: _____

Name: _____
Address: _____
City, St., Zip: _____
Home phone: _____ Cell phone: _____
Work phone: _____
E-mail : _____

Person(s) filing the grievance against: _____

Date in which it happened: _____

Please answer all of the following questions for each complaint. The use of the form is required.

First, what is the complaint? Please be very specific and concise in presenting the complaint.

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

Third, what remedy are you seeking? Please be very specific in identifying the remedy you are seeking for the complaint.

Name of person(s) you have already contacted or talked about this matter with:

FMYSA Mailing Address:
Flower Mound Youth Sports Association, Inc.
6101 Long Prairie Rd. #744-164
Flower Mound, TX 75028