



# 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.  
5810 Long Prairie Rd. #700-168  
Flower Mound, TX 75028