Topeka Swim Association Grievance Form

Person Filing Grievance:_____ Date Grievance Form Filed: _____

How Grievance was initially reported (i.e. email, phone call, personal conversation), to whom it was reported, and the date it was reported:

_____

_____

Person(s) Grievance filed against: _____

What happened: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

*Attach additional pages or supporting documents as needed

Witnesses if any: _____

_____

Printed Name: _____ Signed Name: _____

Please return this form to the Topeka Swim Association Head Coach or Director of Operations.