

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 documen	ts as needed
Witnesses if any:	
Printed Name:	Signed Name:

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