

McFarland Spartan Sharks Grievance Form

GRIEVANT INFORMATION	
Swimmer Name	Date Submitted
Parent Name	Parent/Guardian contact info (phone or email)

DETAILS OF EVENT LEADING TO GRIEVANCE		
Date, time and location of event	Witnesses (if applicable)	
	Nr. 1 ()	
Account of event	Violations	
Provide a detailed account of the occurrence.	Provide a list of any policies, procedures, or	
Include the names of any additional persons involved.	guidelines you believe have been violated in the event described.	

Form Date: 5/13/2022

PROPOSED SOLUTION	

Please retain a copy of this form for your own records. As the grievant, please provide your signature below, as it indicates that the information you've included on this form is truthful.

Parent/Guardian Signature	Date
Board Member/Coach Signature	Date
Board morrison/Codon Orginataro	Date
Dou'd Monibol/Codon Olgrature	Date
Board Member/Coden Orginature	Date

This form should be submitted to the team's Safe Sport Coordinator at msssafesport@gmail.com.

Form Date: 5/13/2022