



## Lake Superior Blizzards Inc: Grievance Report

Report Date: \_\_\_\_\_

Affected party (s): Grievance is related to (select one box):

- Lake Superior Blizzards Board of Directors
- Coaching
- Member/s
- Other: \_\_\_\_\_

Summary of Significant Concern that Prompted Grievance:

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Person Completing this Form: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

LSB Use Only Date Received: \_\_\_\_\_

Date Responded to: \_\_\_\_\_

Response Given \_\_\_\_\_

Signature: \_\_\_\_\_