



Baseball Association

## Grievance Form

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Player's Name: \_\_\_\_\_

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

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_

Team: \_\_\_\_\_ Coach: \_\_\_\_\_

Have you followed Step #1 and #2 of the Grievance Procedure in the manual? \_\_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state your grievance clearly and fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send completed forms to:

FLBA/Dale Hager  
10446 216<sup>th</sup>st. Scandia, MN 55073

Or email to:

[dchager@frontiernet.net](mailto:dchager@frontiernet.net)