Appendix A

Central New York Board of Women’s Lacrosse Officials
Ethical Behavior Grievance Form

Date filed: ________________________________

Name of Grievant: ____________________________

Address: ____________________________________

Phone: ______________________________________

E-Mail: ______________________________________

Name of Umpire: ____________________________

Board: ______________________________________

Date & Time of Incident: ______________________

Event & Location: ____________________________

In the space provided, or on an attached sheet, please provide a detailed description of the incident. Please be specific, including the names of all parties involved. (Use additional pages if needed.)

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Please give names, addresses and phone numbers of all persons who witnessed the reported incident.

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To Be Completed By Ethics Committee:

Received: ________________________________

Grievance Accepted: Y / N

Umpire & Grievant Notified: __________________

Umpire Response Received: __________________

Review Completed: _________________________

Determination Notified: _____________________

Umpire Appeal: ____________________________

Appeal Determination: ______________________