

**Hurley Recreation Association**  
Grievance Form

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant Name: \_\_\_\_\_

Contact Information (phone or email) \_\_\_\_\_

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

Please check box if you wish to remain anonymous

Witnesses to Incident: \_\_\_\_\_

.....To Be Completed by Staff.....

Received by: \_\_\_\_\_ or  Comment Box

Date Received: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_