



Grievance, Dispute or Appeal Form

Date: _____

Name: _____ Signature: _____

Club or Association: _____

Please, check the type of action requested:

Grievance

Dispute

Appeal

All appeal must be accompanied by a \$300.00 non-refundable filing fee, in the form of a cashier check or money order.

Statement of Complaint: (Write the facts of the complaint: who, what, where, when, how and supporting documents)

MSA Policy Violations: (List specific policy/bylaws/rules in detail that were violated)

Remedy Sought: (What action will resolve this issue)

Email completed Complaint Form and supporting documents to leah@mssoccer.org.

Please note: The Complaint process will not begin until Complaint Form and supporting documents have been received by MSA per the MSA Grievance, Dispute and Appeal Policy.