

# FSHPA GRIEVANCE FORM

The Florida State Horseshoe Pitchers Association wants to ensure that all League and Tournament play is held in accordance with the Rules and By-laws of the FSHPA and the National Horseshoe Pitchers Association.

Should you have a concern or complaint please fill out this form and submit to the FSHPA 2nd Vice President. This document will be reviewed and investigated by the Grievance Committee who will submit their findings and recommendations to the FSHPA Executive Council. This form will allow any sanctioned member to address a complaint of any rule violation.

NAME \_\_\_\_\_ NHPA# \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

Please state from which rule book (FSHPA or NHPA) the violation occurred.

\_\_\_\_\_ Rule or Article # \_\_\_\_\_

Date of violation \_\_\_\_\_

Where did this violation occur? \_\_\_\_\_

Who did you notify at that facility? \_\_\_\_\_

Was the situation handled by the event organizer? YES \_\_\_\_\_ NO \_\_\_\_\_

(If you cannot state a rule violation, please state your concern or objection.)

Please describe in your own words the perceived violation (if more space is needed, use back of form or attach additional documents)

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Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_