



NP UNITED GRIEVANCE FORM

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1. Date of Incident: _____
 2. Approximate Time of Incident: _____
 3. Location of Incident: _____
 4. Teams/Clubs present: _____
 5. Person/(s) Reporting Grievance: _____
 6. Phone # of above: (home) _____ (mobile) _____
 7. E-mail address of above: _____
 8. Person(s) Against Whom Grievance is initiated: _____

9. Witness(es): _____

10. Were the Police Called? No Yes If yes, explain

11. Description of Incident (Please be specific, additional pages if required):

13. Signature(s) of person(s) filing the grievance:

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Submit the completed grievance form and a check for \$100.00 made out to North Platte United Soccer Club to the current President of North Platte United Soccer Club.

Bob Nitsch
221 Cherokee Road
North Platte, NE 69101