

Article XX Grievance Form

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The purpose of this form is to allow the athlete and staff to manage and track the process. Anti-retaliation statement: Athletes who come forward with a good faith complaint or issue are guaranteed										
protection against any retribution or retaliation, either direct or indirect, by any USAS Staff member or member										
of the USA	AS Board of [Directors or any other official asso	ociated with	n USA Shooting.						
Date of R	eport:		Date(s) of Issue:							
Name:			Phone Number:							
E-mail Ad	dress:									
Note:	Not every	issue needs to be resolved by the	nis process.	Many issues can be resolved on the spot in						
	conversation with the National Coach or other staff member. Examples: Range schedules, cleaning issues,									
	personal training plan. Allow 72 hours for staff to start the resolution process.									
Step 1: Ple	ase describe	your concern or issue. Use back if ne	cessary or ad	dd attachment. Please be sure to list all facts						
				Selection Criteria, and/or Bylaws please reference						
the sectior	n of the docur	nent in question. To the extent avail	able, please p	provide secondary information such as an e-mail,						
witness sta	atement (with	witness contact information, if availa	able), or any c	other documents or information that could						
) resolve your claim. Submit this form	n to a Board	or Committee member and the COO or USAS						
staff deleg										
	olves (circle o	•								
Coaching		NGB Administration I		Code of Conduct						
Other Ath	lete(s)	Selection Criteria/NGE	3 Bylaws	Other (describe below)						
Details of	Concern:									
Ston 2: H	ave vou trier	to resolve the issue with your N	ational Coar	ch or other staff (circle one)?						
-	No			National Coach or other staff						
Yes	NO	Not Applicable Prefer not								
			1.							
	ow did the N	lational Coach or other staff respo	ond to your	issue or concern?						
Notes:										
Step 4: Af	fter completi	ing above sections, schedule time	to discuss	with Director of Operations or designee						
<u></u> ., (When	How	Location						
Meeting	Scheduled									
-										
AAC Rep I										
Discipline	Rep Notifie		<u> </u>							
		Form continues on r	next page (P	Page 1 of 2)						

Athlete Concern and Resolution Form Continued (page 2 of 2)									
Step 5: Meeting with Director of Operations, Athlete, AAC/Discipline Rep, Coach, Other Staff as Pertinent									
Date									
Location									
Attendees	5								
Confident	ial	Yes	No	Note: If requested for personal privacy issues					
Discussior	Discussion/Notes:								
Resolution/Decision:									
Athlete Ar	ctions (pleas	se check or	<u>ما</u>						
<u>Athlete A</u>			<u>icj.</u>						
	I accept th	ccept the resolution or decision above.							
				or decision above, but will work together to make it work.					
	-			or decision above and want to pursue the issue further.					
Signature:	_			Date:					
0									
Staff Actio	ons (please o	check one)	:						
			_						
	Resolution or decision above accepted								
	Case referm								
	Follow up needed (describe and date accomplished):								
	Case close	closed							
Signature: Date:									
<u>Copies:</u>	Date Sent								
			Athlete						
			Concern File in Director of Operations Office						
			AAC and Discipline Athlete Reps						
			Other Pa	Participants if warranted (please identify)					