



Central Florida Umpires, Inc.

Grievance Form

I. Complainant Information:

Name: _____

Address: _____

Telephone Numbers: Work: _____ Home: _____ Other: _____

E-mail Address: _____

CFU Primary Member: ___ Yes ___ No

If No, please provide you Primary Association: _____

II. Complaint Filed Against (if applicable):

Name: _____

III. Allegations:

Nature of Complaint: _____

Synopsis of Complaint: _____

IV. Witnesses (if applicable):

Name: _____

Address: _____

Telephone Numbers: Work: _____ Home: _____ Other: _____

Name: _____

Address: _____

Telephone Numbers: Work: _____ Home: _____ Other: _____

Name: _____

Address: _____

Telephone Numbers: Work: _____ Home: _____ Other: _____

V. Affirmation Statement:

I, _____, do hereby affirm that the factual allegation(s)
(Print your name)

made by me on the first page of this complaint form is (are), to the best of my knowledge and belief, true and based on fact.

Complainant's Signature