



EQUESTRIAN VAULTING USA

1443 E. Washington Blvd #289, Pasadena, CA 91104 • Ph: 323/654-0800
F: 323/654-4306 • E: info@equestrianvaulting.org • W: www.equestrianvaulting.org

OFFICIAL GRIEVANCE

NAME: _____ COMPETITION: _____

ADDRESS: _____ DATE OF COMPETITION: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

Above is member of _____ EVUSA Recognized Club

Describe the nature of the grievance. Please be specific. Give name(s) of person(s) involved in the grievance. Give dates, divisions, and classes in which the incident occurred. (Please consult current EVUSA Rule Book)

DATE: _____ SIGNATURE OF GRIEVING PARTY: _____

SIGNATURE OF CLUB COACH OR MANAGER: _____

DATE GRIEVANCE FILED: _____ GRIEVANCE FILED WITH: _____

DISPOSITION:

DATE REVIEWED BY EVUSA BOARD OF DIRECTORS: _____