



## This page will NOT be provided to the Respondent

What efforts, if any, have you made to resolve this matter?

---

---

---

---

Other Comments: \_\_\_\_\_

---

---

---

---

**Do you wish to bring this case before the Board of Directors?** *If yes*, this implies that you will appear in person at the hearing, along with the respondent, and that you and any witnesses will testify and be questioned at the hearing. *If you say no*, this form will be filed for future use if other grievances are received against the same person. The respondent will have the opportunity to file a written response for the file.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

I understand that the Galano Club's sole recourse is to ban temporarily or permanently an individual who has violated the Club's rules. Any other Criminal or Civil remedy must be sought in the Georgia Court of competent jurisdiction. By submitting a grievance hereunder, the undersigned hereby waives any claim for damages that it may have against the association or its officers for agreeing to hear and rule on this matter on its behalf.

**SIGNATURE (required):** \_\_\_\_\_

**A Member of the Board of Directors will contact you to discuss your grievance and evaluate whether a hearing is warranted.**

**Please send all completed forms to [grievance@galano.org](mailto:grievance@galano.org)**

**This page will NOT be provided to the Respondent**

**Please provide the following information. We need to be able to contact relevant parties. Each party is responsible for having their witness(es) present at a hearing.**

**Your name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your Phone: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Best time to reach you:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Respondent Name:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Witness Name** \_\_\_\_\_

**Phone Numbers** \_\_\_\_\_

Further witnesses' contact information may be provided below.

**Please send all completed forms to [grievance@galano.org](mailto:grievance@galano.org)**