



# AMERICAN CONNEMARA PONY SOCIETY

Document Number: ARB FO 1

Document Name: Arbitration Committee Worksheet

Date: \_\_\_\_\_

## COMMITTEE MEMBERS

**CHAIR Name**

**Phone**

**Email**

**Fax**

**MEMBER Name**

**Phone**

**Email**

**Fax**

**MEMBER Name**

**Phone**

**Email**

**Fax**

**1. Aggrieved Party:**

**Name:**

**Address:**

**2. Filed Against:**

**Name:**

**Address:**

**3. Filing Fee (\$100.00) Date Paid:** \_\_\_\_\_

**4. Nature of Complaint:**

---

---

---

---

---

---

---

---

---

---

---

**5. Desired Consequences:**

---

---

---

---

---

---

---

---

**6. Date Referred to Grievance Committee:** \_\_\_\_\_

**7. Date Response Needed By:** \_\_\_\_\_

**8. Date of Telephone Conference:** \_\_\_\_\_ **Date of Committee Meeting:** \_\_\_\_\_

**9. Date to be referred to Executive Committee:** \_\_\_\_\_

**10. Resolution:**

---

---

---

---

---

---

**Revision History**

| Date | Changes | Author |
|------|---------|--------|
| 2003 | Updated |        |
|      |         |        |
|      |         |        |