



GRIEVANCE APPLICATION FORM

The PSA Grievance Procedure is an important function of the association. Prior to filing a Grievance, refer to the Grievance Procedure Rules located at www.skatepsa.com and click on Professional Standards. To file a grievance you must send to the PSA office:

- An original complaint and an additional five copies stating the factual basis for the grievance along with documentation and evidence you feel is necessary to support the grievance.
- The signature of the party filing the grievance must be under oath, notarized and under penalty of perjury (Procedure Rule 3,G). This includes the application form, complaint and each supporting document.
- Please refer to the specific numbered paragraph of the Code of Ethics (*see PSA website or directory*) that you are claiming was violated.
- Failure to state the specific violation may result in a dismissal of the grievance.

No grievance shall be considered which is alleged to have occurred beyond the time as set forth in the PSA Grievance Procedure, Rule 1 (13).

There is a \$105 filing fee. A copy of your complaint is then sent to the person against whom the grievance has been filed. That person must respond in accordance with the PSA Grievance Procedure Rules and a copy of their response is sent to you.

After all the filings have been completed, the Committee on Professional Standards will review the case and make its finding. A notification of the action will be sent to the party filing the grievance and to the party against whom the grievance was filed.

The PSA code of ethics and professional conduct, Article V, of the by-laws, states: The Board of Governors is authorized to change, alter or modify the above rules as occasion may require and to establish a detailed code of ethics to supplement the above basic rules.

To file a grievance, fill out the application below in accordance with the PSA Grievance Procedure Rules and send an original complaint and your documentation and an additional five copies along with a \$105 filing fee to: PSA, 3006 Allegro Park SW, Rochester, MN 55902.

Name _____ E-Mail _____

Address, City, State, Zip _____

Phone (____) _____ Best Time to Reach You _____

Filed Against _____

Violation of PSA code # _____

Date _____ Signature _____