



CIF Sac-Joaquin Section
Mis-Indentification/Mis-Application Grievance Request

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|--|-----------------------------|
| DATE OF GAME: _____ | DATE THIS FORM FILED: _____ |
| SPORT: _____ | |
| Home Team: _____ Visiting Team: _____ | |
| Name & Number of Player Ejected: _____ | |
| Or | |
| Name of Coach Ejected: _____ | |
| School Affiliation of Ejected Player or Coach: _____ | |

PLEASE DESCRIBE THE MIS-IDENTIFICATION OR MIS-APPLICATION THAT OCCURRED. If a Mis-Application of a Rule, please cite specific rule(s). (Attach a separate page if more space is needed)

| | |
|---|--|
| <input type="checkbox"/> | Check This Box if you are Providing Other Support Documentation |
| Describe Other (Video Link, etc): _____ | |

| | |
|-----------------------------|----------------------------|
| Principal Print Name: _____ | Principal Signature: _____ |
|-----------------------------|----------------------------|

THIS FORM MUST BE FILED WITHIN 48 HOURS of the Date of the Ejection with copies to the Opposing Principal and Section Staff as Denoted Below

School Name 'A' thru Kennedy High = Will DeBoard @ wdeboard@cifsjs.org
School Name Kimball High thru 'Z' = Mike Garrison @ mgarrison@cifsjs.org