# Minnesota Combative Sports Commission
# Grievance Report Form

Name of Person making Grievance _____

Address_____

City_____State_____Zip_____

Telephone _____E-mail _____

Person, Entity or practice against which this Grievance is being made:

_____

Complaint against:
__Combatant
__Promoter
__Licensed Official
__Spectator
__Other_____

What remedy are you seeking?
__Cease and Desist complained activity
__License Sanction
__Change in Policy or Procedure
__Other _____

Describe in detail the basis for your complaint including time, date, event name, location, names of individuals involved, etc.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

The undersigned, the above named Grievant or representative of the Grievant hereby acknowledges that the information herein is true and correct and that he/she has read the Tennessen Warning posted on the Website of the Combative Sports Commission.

_____Dated _____