



OFFICIAL GRIEVANCE FORM
THIS FORM MUST BE SUBMITTED TO THE
IKF OFFICE W/ \$50. 00 FEE



All grievances must be submitted using this form.
All questions MUST be answered.

Date: _____

Track: _____

Name of Driver: _____

Class: _____

Kart #: _____

IKF Membership # _____

Rule violated is on page _____, # of Rule _____, Letter _____

Grievance submitted based on the following information:

This Grievance Form must be WRITTEN and SIGNED by the DRIVER filing the Grievance.

SIGNATURE OF DRIVER

Date

Grievance Form sent on _____ to: _____

Division Chairman _____ Area Governor: _____

ADVISORY COMMITTEE RECOMMENDATIONS TO BOARD OF DIRECTORS

YOUR GRIEVANCE HAS BEEN _____ UPHELD _____ REJECTED

FOR THE FOLLOWING REASON(S): _____

See Section 103.2 Grievance Committees of the current IKF Rulebook.
