

SECME Grievance Form

[Link to the SECME Grievance Form](#)

for Review by Judges

SECME Competition Host _____

SECME Competition Event _____ Division _____

SECME Team Name _____

Official School Name _____

Official School District Name _____

SECME School Coordinator/Teacher Leader _____

SECME School Coordinator Preferred Email _____

SECME School Coordinator Telephone _____

Competition Rule or Procedure in Question _____

Specific Concern _____

Submitted by: (Name)

Date

Note: [Click here](#) for the SECME Grievance form for Review by Judges for SECME National Student Competition Finals.

(Use the back page or 2nd sheet if more space is needed to document fully)