



GWRRRA Grievance Form

Date _____

Aggrieved Person (s) _____

Address: _____ City _____ State _____ Zip _____

GWRRRA membership number: _____

Nature of complaint or concern: (Attach separate sheet if necessary)

GWRRRA operations policy	Yes _____	No _____
Appointment of a new Officer	Yes _____	No _____
Removal of an Officer	Yes _____	No _____
Unfair or inequitable treatment of a Member	Yes _____	No _____

If Officer was removed from position, what was the cause (s)?

Level of complaint:

Chapter level _____

District level _____

Region level _____

Have you discussed your concerns with the appropriate Officer? Yes _____ No _____

Results of discussion:

What outcome are you looking for?

