



# GWRRRA Grievance Form

Date \_\_\_\_\_

Aggrieved Person (s) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

GWRRRA membership number: \_\_\_\_\_

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

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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)?

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Level of complaint:

Chapter level \_\_\_\_\_

District level \_\_\_\_\_

Region level \_\_\_\_\_

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

Results of discussion:

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What outcome are you looking for?

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