GWRRA Grievance Form

Date___________

Aggrieved Person(s)_______________________________________________________

Address:_________________________City________________ State______ Zip______

GWRRA membership number:_______________

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

GWRRA 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?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________