

FLN Grievance Form

This form is to detail grievances for FLN team members, volunteers, students. (For serious grievances and general grievances received from other parties. Refer to FLN's Grievance Policy).

Date: __/__/__

Your Name: _____

Relationship to FLN: _____

Address:

Date, time and place of event leading to grievance:

Detailed account of occurrence (include names of persons involved, if any):

Please state policies, procedures, or guidelines that you feel have been violated:

Your proposed solution to grievance:

The signature below indicates that you are filing a grievance, and any information on this form is truthful.

Signature Date __/__/__

You should retain a copy of this form for their personal record.