

GENERAL COMPLAINTS BY CITIZENS

POLICY GRIEVANCE FORM

Name and Position of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_

Policy(ies) in Question:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence of Policy Misappropriation (witnesses, written documentation, taped evidence, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Important Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved July 14, 2004 Reviewed \_\_\_\_\_ Revised \_\_\_\_\_