

Grievance #: _____

**KOVE ESTATES
GRIEVANCE / SUGGESTION FORM**

DATE: _____ **MEMBER NAME:** _____

MEMBER ADDRESS: _____ **PHONE#:** _____

STATEMENT OF GRIEVANCE OR SUGGESTION: (to be completed by Member)

If more space is needed, please use reverse side.

MEMBER SIGNATURE: _____

To be completed by Grievance and Suggestion Committee

RESPONSE/RESOLUTION: (within a week of date form is presented)

Committee Chairperson signature

Date

Board Representative signature

Date

Member signature

Date Received