

Grievance Form for Conferences and Events

Complainant's Full Name:

Address:

Phone number:

Email Address:

Name of Event:

Date of the Relevant Event:

Location (city/state) of the Event:

Description of the Concern or Complaint

(Continue on next page if necessary. Please include any supporting documentation.)

[FOR OFFICE PURPOSES ONLY]

Person Receiving Concern/Complaint:

Date Received:

Description of Resolution/Outcome

Signature of Director of Operations/CE Director

Date

Signature of Chief Executive Office/Social Work Consultant

Date