Liberty House Grievance Form

## Grievant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Grievance Statement (Provide a short statement identifying the decision being grieved):

Grievance Detail (Provide a concise statement of facts related to the grievance, including dates and persons involved – attach a continuation page, if necessary):

Remedy Sought by the grievant (Be specific as to what resolution you are seeking):

### Grievance Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Send completed form to: Sue Solitz, President of the board

### email: [solitz@msn.com](mailto:solitz@msn.com) or call (541) 610-8448