***GRIEVANT INFORMATION***

ATTENDEE’S NAME DATE FORM SUBMITTED

Click or tap here to enter text. Click or tap to enter a date.

ATTENDEE’S PHONE DATE OF GRIEVANCE

Click or tap here to enter text. Click or tap to enter a date.

ATTENDEE’S EMAIL LOCATION OF GRIEVANCE

Click or tap here to enter text. Click or tap here to enter text.

ATTENDEE’S MAILING ADDRESS NAME OF PERSON COMPLETING FORM/RELATIONSHIP

Click or tap here to enter text. Click or tap here to enter text.

***SUBMISSION PROCESS***

RECEIPIENT EMAIL RECIPIENT MAILING ADDRESS

[Jan.grothe@ifioc.com](mailto:Jan.grothe@ifioc.com) 621 W Mallon Ave, Suite 600, Spokane, WA 99201

***DETAILS OF EVENT LEADING TO GRIEVANCE***

Date, Time and Location of Event

Click or tap to enter a date. Click or tap here to enter text.

WITNESSES (if applicable)

Click or tap here to enter text.

***ACCOUNT OF EVENT*** (use attachments if necessary)

Provide a detailed account of the occurrence. Include the names of any additional persons involved.

Click or tap here to enter text.

***PROPOSED SOLUTION*** (use attachments if necessary)

Click or tap here to enter text.

Please retain a copy of this form for your own records. As the grievant, your signature below indicates that the information you’ve provided on this form is truthful.

SIGNATURES

GRIEVANT NAME GRIEVANT SIGNATURE DATE

Click or tap here to enter text. Click or tap to enter a date.

RECEIVER NAME RECEIVER SIGNATURE DATE

Janette Grothe Click or tap to enter a date.