

Date and time of grievance: _____ **at** _____
Date Time

Name of person or persons involved:

Grievance (complaint or appeal):

Action or rule in question:

Division: _____

Rule Number: _____

Page Number in the Fair Book: _____

Procedures and/or steps carried out by the person involved prior to submission of the petitioner to the grievance committee (if applicable):

Outcome desired (petitioner recommendation for correction):

Printed Name and Signature of the person filing the grievance	
Name	Signature

Date signed: _____

Contact Information:

Phone Number _____

Email Address _____

A \$20 deposit (cash or check) will accompany the written and signed grievance. If the grievance is substantiated, the \$20 deposit will be returned. If the grievance is not substantiated or does not meet grievance process/guidelines, the \$20 deposit will be applied to the 4-H program budget within Butler County 4-H Council. Committee decisions are final.