Butler County 4-H/FFA Fair Grievance Form





Received by: Printed name of Extension Agent receiving form			
Received on: at			
Grievance hearing date and time:at			
Form submitted by: Printed name of adult filing grievance			
\$20 deposit received by: Initials of Extension Agent member receiving payment			
Initials of Extension Agent member receiving payment			
For Committee Use Only			
Date:			
Committee Decision:SubstantiatedNot Substantiated			

For Extension Office Use Only

BUTLER COUNTY 4-H/FFA FAIR GRIEVANCE FORM

Date and time of grievance:	at	
<u></u>	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 of the petitioner to the grievance co		rior to submission
Outcome desired (petitioner recomm	mendation 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.