

# VOLUSIA COUNTY 4-H

## MEMBER GRIEVANCE PROCEDURE GRIEVANCE FORM A – INFORMATION ABOUT THE GRIEVANCE



Member's Full Name:	Club Name:	E-mail Address(es):	
Home Address: _____ Street _____ City _____ State                      Zip Code	Telephone Numbers: Home: (    ) _____ Cell: (    ) _____ Other: (    ) _____	Date and Location Grievance Occurred:	How do you prefer to be notified? Check all that apply. E-mail _____ Phone _____ Mail _____
The issues are (use attachments as necessary):			
The facts supporting this are (use attachments if necessary):			
The relief I want is (use attachments if necessary):			
Date:	Member's Signature:	Parent's Signature:	Club Leader's Signature:

Grievances must be presented or mailed to the immediate leader within ten (10) days with certain exceptions. If the grievance alleges discrimination or retaliation by the immediate leader, the grievance may be submitted to the 4-H Extension Agent. The Grievance Procedure contains complete instructions.

Check if you decided not to present this to your immediate leader because (check one):

\_\_\_\_\_ Discrimination or Retaliation

\_\_\_\_\_ Expedited Process

Volusia County 4-H  
3100 E. New York Ave.  
DeLand, FL 32724

Date received in 4-H Office: \_\_\_\_\_

*The Foundation for The Gator Nation*  
An Equal Opportunity Institution