Gallatin County 4-H/FFA Grievance Form

Return completed form within 7 days of the incident **or** within 12-24 hours if the incident occurred during Fair Week. Submit to Gallatin County 4-H Office gallatin4h@montana.edu

Received on: _____

Name of person completing form: _____

Email: _____

Phone Number: _____

Signature: _____

A complete statement describing the incident including all facts upon which the complaint is based.

Any rules, regulations, policies, or procedures that have been violated, if any:

List of the names, if possible, of people who were involved in the incident and their role in the incident.

Desired Outcome.

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Review Committee: _____

Date Reviewed: _____

Committee Discussion/Decision:

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4-H Extension Agent Signature: _____