



GRIEVANCE FORM FOR PARENTS/GUARDIANS AND PARTICIPANTS

Individual Filing Complaint: _____

Role (i.e. Participant or Parent/Guardian): _____

Date of Occurrence: _____ Time of occurrence: _____

Other Individuals Involved/Witnesses to Complaint: _____

Type of Complaint (select all that apply):

- Inappropriate Behavior by Employees/Volunteers;
- Inappropriate Behavior by participants;
- Retaliation; and/or;
- Whistleblower complaints.

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? _____

Has this situation ever occurred previously? If so, when?: _____

Describe the remedy you seek. Please list all remedies sought as a result of bringing this grievance. What would you like to see happen to solve this issue?

Submitted by: _____ Telephone number: _____

Email Address: _____

Signature: _____ Date: _____

Forms may be mailed or dropped-off at the Green County Family YMCA, 1307 2nd Street, Monroe, WI 53566 during regular business hours or submitted via email to membership@greencountyymca.org.

Reviewed by: _____ Date/Time: _____