

AWA Grievance Policy Submission Form - 4/17

The following information is required to file a grievance. When complete, please send to the AWA Office ATTN: Executive Director or Board of Directors.

<i>Names of all individuals submitting the grievance:</i>
<i>Names of all individuals in the defending party:</i>
<i>Description of all alleged acts of commission or omission and date(s):</i>
<i>Section numbers of the AWA bylaws, policies, rules, code of conduct, or procedures that were allegedly violated and details on how they were allegedly violated: (Use attachments as necessary).</i>
<i>Whether or how the defending party violated bylaws, policies, code of conduct, or procedures:</i>
<i>Actions taken thus far to resolve or address the grievance, if any: (Use attachments as necessary).</i>
<i>Specific remedy requested, if any.</i>

By signing the below and submitting this form, the undersigned hereby agrees that he or she has read and agrees to be bound by the AWA Grievance Policy. Accordingly, all discussion regarding the grievance shall be kept confidential by all parties involved and confined to those assisting in its investigation and resolution.

Signed: _____ Dated: _____