CTFD Member Grievance Form

Reference Policy 11.1 Grievances

Member Filing Grievance: _____ Date: _____

Grievance against Member: _____

Please briefly describe the action, behavior or activity resulting in this grievance:

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For Office Use Only:

Date Received: _____ Received By: _____

Date of Investigation: _____ Investigation By: _____

Finding: _____ No Offense _____ Offense (fill in:) Type: _____ Minor _____ Major

Sanction: _____