**Grievance Form**

**AL 12.002J.001**

Please fax completed form to 888-847-0805 or email to: joy.greeney@advocacy-links.com

|  |  |
| --- | --- |
| Name of Advocacy Links staff about whom grievance is being filed |  |
| Date of Grievance |  |
| Name of Person filing grievance |  |
| Company/title/relationship to Advocacy Links staff person |  |
| Phone # of person filing grievance |  |
| Email address of person filing grievance |  |

 **NATURE OF GRIEVANCE, DATE OF GRIEVANCE, AND CAUSE:**

|  |
| --- |
|  |
| Signature |  | Date |  |
| Grievance Form given to: |  | Date |  |

**FINDINGS:**

|  |
| --- |
|  |
| Signature |  | Date |  |

DECISION

|  |
| --- |
|  |
| Signature |  | Date |  |