



## Sex Offense Task Force

# GRIEVANCE SUBMISSION FORM

**TO BE COMPLETED BY SEX OFFENSE TASK FORCE MEMBER:**

GRIEVANCE #:

SUBJECT:

*Do not write above this line*

**TO BE COMPLETED BY COMPLAINING PARTY:**

NAME OF PERSON FILING GRIEVANCE:

AGENCY/AP&P LOCATION:

**Section 1 – Informal Action-Specific Nature of Grievance:**

(What happened? When did it happen, date and place? Who witnessed the incident? How were you damaged or otherwise injured by the incident or policy etc.? Please send any evidence such as: witness statements, documentation, notes, conversations, or any other evidence you have to substantiate your claim of concerns, damage or injury.)

**What did you do to attempt to resolve the issue?**

(i.e. researched policy, spoke to a staff/agency member [include name and dates], wrote a letter or email to staff member/agency or other entity, please identify and enclose any written responses from those you contacted.)

**What is the remedy that you seek?**

(Unacceptable remedies include monetary damages, discipline [i.e. revocation of professional licenses, dismissal of staff, criminal charges, etc.], or other personnel action against an employee/agency.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_