

CRAWFORD COUNTY 4-H/FFA FAIR GRIEVANCE FORM

Date and time of grievance: _____ **at** _____
Date Time

Name of person or persons involved:

Grievance (complaint or appeal):

Action or rule in question:

Division: _____

Rule Number: _____

Page Number in the Fair Book: _____

Procedures and/or steps carried out by the person involved prior to submission of the petitioner to the grievance committee (if applicable):

Outcome desired (petitioner recommendation for correction):

CRAWFORD COUNTY 4-H/FFA FAIR GRIEVANCE FORM

Printed Name and Signature of the person filing the grievance

Name

Signature

Date signed: _____

Contact Information:

Phone Number

Email Address
