**ACCR Grievance Complaint Form**

**Date you are filing this grievance/complaint form:**

**Full name of the person filing the complaint:**

**Address:**

**Telephone Number: Email Address:**

**Primary subject against whom the complaint is filed:**

**Nature of grievance. Explain how you or your committee was unfairly treated and the type of grievance that has occurred.**

**The main points of the grievance complaint: (3 maximum, please be brief)**

 **1.**

 **2.**

 **3.**

**What you believe would be a just and fair solution of your grievance:**

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