



GRIEVANCE PROCESS

Grievance Committee Member Contract

COMMITMENT AS A MEMBER OF THE GRIEVANCE COMMITTEE

As a member of the grievance committee, I:

- understand my role in becoming a part of the grievance process.
- accept the responsibilities listed in the **Grievance Committee Member Position Description**.
- have attended a Grievance Committee orientation session (or have read the orientation materials).
- will be available throughout the 4-H calendar year if a grievance hearing should arise.
- will remove myself from the committee if I have a personal connection to and/or conflict of interest with the 4-H member or family filing or named in the grievance.

Signature _____ Date _____

Name: _____

Address: _____

Phone: _____

Other numbers at which you may contact me, if a grievance hearing is necessary:

Numbers at which you may contact me during the county fair, if a grievance hearing is necessary:

a.m. _____ p.m. _____

Extension Office use only

Grievance hearings this committee member has served on:

Grievance name _____ Date _____

Grievance name _____ Date _____

Grievance name _____ Date _____

September 2013