



Grievance Appeal Form

This form is to be completed by a 4-H Youth or Family wishing to appeal the decision made by the County Grievance Committee.

Required Attachments:

- Grievance Form
- Copy of Policy or Procedure from Handbook related to the Grievance

Form Received by: _____

Printed name of Extension staff member receiving form

Form Received on: _____ at _____

Date

Time

Grievance hearing date and time: _____ at _____

Date

time

Form submitted by: _____

Printed names(s) of 4-H members(s) filing grievance

Please answer the below questions. Additional pages may be attached if needed.

Describe the decision made by the County Grievance Committee:

Explain the reason for appealing the above decision:

What solution are you hoping to reach with this appeal?

Signature of Parent

Youth Name

County Name