



Grievance Form

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Cindy Laubenstein, Bookkeeper

January 1, 2024

All Information Required

Contact Information of Reporting Party

Date: _____

Full Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Description of Concern:

Proposed Remedy to Alleviate Concern:

Please sign below indicating the above information is true and accurate.

Signature: _____

Please return to a member of staff or Board of Directors for further review. Form can also be emailed to info@downtownfdl.com.