

HDFM GRIEVANCE FORM

DATE OF INCIDENT: _____

NAME OF PERSON FILING GRIEVANCE: _____

NAME OF ADDITIONAL PERSON(S) INVOLVED or WITNESS(ES): _____

WAS THE MARKET MANAGER NOTIFIED OF THE GRIEVANCE? _____

IF YES, WHAT EFFORT WAS MADE TO RESOLVE THE GRIEVANCE WITH THE MARKET
MANAGER?

BRIEF SUMMARY OF GRIEVANCE:

PRINT NAME: _____

PHONE: _____ EMAIL: _____

DATE: _____

SIGNATURE: _____

Please submit the completed grievance form to hdfmgrievance@gmail.com

A member of the Grievance Committee will contact you by phone or email within five (5) working days, unless further information is needed to reach a resolution.

Please provide your preferred method of contact. Use the back of this form if additional space is needed.

Contact Violet Shirley, Grievance Committee Chair, via text or call if you are unable to email the form.

501-545-5989.