

Grievance Form

Please complete this form and return it to your Supervisor, Executive Pastor, or Elder. (Policy #0020)

Name of Complainant		Department	
Email	Phone Number	Today's Date	

Date and Time of Incident
Where did the incident occur?
Please explain the incident that occurred in detail.

Were there witnesses to this specific incident? (If yes, please provide their names.)

Is there physical evidence that supports your complaint? If so, please describe or attach copy of evidence.

--

Acknowledgment:

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence GHCC deems relevant.

Complainant Name: _____ Date: _____

Complainant Signature: _____

****Instructions:**

1. Fill out this form in its entirety and either email the completed form or hand deliver it to your supervisor, the Executive Pastor, or an Elder.
2. Once the form is received you can expect a confirmation of receipt within 72 hours. If you have not received confirmation of receipt please advise the Executive Pastor, or an Elder via email.