

Adopted: June 10, 2015



**COUNTY OF BUTLER  
SECTION 504  
GRIEVANCE FORM**

Please type or print this form and complete in its entirety.

First Name			
Last name			
Address			
Home Phone		Business Phone	

Against whom is the complaint being filed?

First name	
Last name	
Agency	
Phone	

What was the date of the incident?

Summarize in your own words the incident that prompted this grievance. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment if necessary.

**I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE READ THIS GRIEVANCE (INCLUDING ANY ATTACHMENTS) AND THAT IT IS TRUE AND CORRECT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of person completing form (if other than the person filing the grievance)

\_\_\_\_\_  
Date

