



GOC Grievance Form

Directions: Fill out top box and mail entire form to:
Grievance Committee, Gainesville Opportunity Center, 102 NE 10th Ave. Unit 2, Gainesville, FL 32601

Member Name (Name is optional. But include name if you want a direct response):

Reason for grievance: (Please describe the issues you are concerned about. Add extra pages if needed):

Member Signature Date

_____ This section for GOC Board use only _____

1. Date met with Staff Advisor: _____

What was result of meeting: _____

Has issue been resolved? Yes No

Member Signature Date

Staff Advisor Signature Date

All grievances will be reviewed by Executive Director and/or Board of Directors regardless of outcome.

****Note all grievances filed against the Executive Director will skip steps 1 & 2 and begin at step 3****

This section for GOC Board use only

2. Date met with Executive Director: _____

What was accomplished: _____

Has issue been resolved? Yes No

Member Signature

Date

Executive Director Signature

Date

3. Date reviewed by Executive Committee: _____

Results: _____

Board President Signature

Date

Date Reviewed by Board: _____