In the event that a Moultonborough recreation department staff or volunteer creates a situation that warrants the filing of a formal grievance against them, please fill out this form and return to the recreation department within 72 hours of event.

**Grievance Form**

Name: __________________________

Date: ______________

Phone Number: ________________

Cell: ______________

Nature of Grievance: ________________________________

Who was involved: ________________________________

Who witnessed event: ______________________________

What happened: __________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What (if anything) was done to handle the situation: ________

________________________________________________________________________

________________________________________________________________________

Signature: ________________________________