

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**

