

SAMPLE GRIEVANCE FORM

CHURCH NAME	
PASTOR'S NAME	
DATE	
NAME OF GRIEVANT	
PLACE OF GRIEVANCE	<hr/> <hr/> <hr/> <hr/> <hr/>

STATEMENT OF GRIEVANCE

RESTORATIVE ACTIONS ATTEMPTED PRIOR TO COMPLETING THIS FORM:

GRIEVANT'S SIGNATURE: _____

RECEIVED BY	
DATE RECEIVED	
MEETING SCHEDULED FOR	

Always make a copy of this form for the grievant.