

# GRIEVANCE FILING FORM

DATE \_\_\_\_\_

Your Name \_\_\_\_\_

If Employee – Position \_\_\_\_\_

Place Where You May Be Reached \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Nature of grievance (Please describe the policy or action you believe may be in violation of Section 504. Use additional sheets as necessary.)

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When did you become aware of action or policy you believe to be in violation of Section 504? \_\_\_\_\_

If others are affected by the possible violation, please give their names (if you wish)

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If you wish, describe any correction action you would like to see taken with regard to the violation or provide other information relevant to this grievance. (Use additional sheets as necessary.)

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Name and Address of Grant  
Recipient:

Livingston Parish Government

P.O. Box 427

Livingston, Louisiana 70754

\_\_\_\_\_  
Signature of Grievant

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Signature of person  
Receiving grievance