



FAETHORNE PLACE HOUSING CO-OPERATIVE INC.

GRIEVANCE FORM

In order for the Member Relations Committee to proceed and assess your grievance, please print the following information

Name: _____ Date: _____

Unit # _____ Phone: _____

Description of grievance, indicating the person(s) whom you are grieving, and what By-law or rule is being violated

Have you made at least one attempt to deal personally with this problem? Yes No

Signature _____

Date received by On-site Co-ordinator _____

Passed on to Member Relations Committee Chairperson _____

REPORT

ACTION TAKEN