

GRIEVANCE REQUEST FORM

I/we wish to submit for investigation by the AHHS Ethics Committee a complaint or grievance against an AHHS member.

Signature #1	Date	AHHS #
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Name Printed	Mailing Address
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Telephone #	Email Address
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Signature #2 (if joint complaint/grievance)	Date	AHHS #
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Name Printed	Mailing Address
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Telephone #	Email Address
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The complaint/grievance is against:

Name Printed	Mailing Address (if known)	AHHS #
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Telephone # (if known)	Email Address (if known)
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Please describe the complaint/grievance as objectively and succinctly as possible. Please include date(s), and approximate time(s) of the conduct complained of. Please use separate sheets as necessary and attach any other helpful documentation. Please sign each sheet submitted for consideration.

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Please list any other interested parties/witnesses (names and contact information) Attach additional sheets, if necessary.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

Signature #1

Date

Signature #2 (if joint complaint/grievance)

Date