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 #

Name Printed Mailing Address

Telephone # Email Address

Signature #2 (if joint complaint/grievance) Date AHHS #

Name Printed Mailing Address

Telephone # Email Address

The complaint/grievance is against:

Name Printed Mailing Address (if known) AHHS #

Telephone # (if known) Email Address (if known)

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