



## AYS GRIEVANCE FORM

<b>Name of Grievant:</b>	<b>Today's Date:</b>
<b>Email Address:</b>	<b>Phone Number:</b>
<b>Date, time and place of event leading to grievance:</b>	
<b>Date you became aware of the event, (if different):</b>	
<b>Detailed description of grievance including names of other persons involved:</b>	
<b>Were there any others witnesses to the event? Include names and contact information if known:</b>	

Once Complete, please submit this form to the AYS President via email ([ayspres@gmail.com](mailto:ayspres@gmail.com))