



# PCF Grievance Form

## Grievant Information

Grievant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Role: \_\_\_\_\_

Home Mailing Address:  
\_\_\_\_\_

Date, time and place of event leading to grievance:  
\_\_\_\_\_

Detailed account of occurrence (include names of persons involved, if any):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state policies, procedures, or guidelines that you feel have been violated:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed solution to grievance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The grievant should email this grievance form to [info@peruvianculturalfestival.org](mailto:info@peruvianculturalfestival.org) and retain a copy of the form for his/her records. The signature below indicates that you are a filing a grievance, and any information on this form is truthful.

\_\_\_\_\_  
Grievant Signature Date

\_\_\_\_\_  
Received by Date

