



Or email to
jeschliman@trphd.ne.gov

Organization and Program Grievance Form

Today's date:
Name of Grievant: (Please Print) _____
Home Address: Street/PO Box _____ City: _____ State: _____
Zip Code: _____ Home Phone # _____ Work Phone # _____
Date, time, and place incident occurred or complaint originated:
Detailed description of grievance, including names of other people, and/or other employees involved, if any:
Additional information that may help resolve this situation:
Proposed solution to grievance:

The Compliance Team at www.thecomplianceteam.org or at 1 888-291-5353.