

Tightwad Fire Protection District

Grievance Form

(attach an additional page[s] if necessary)

Print Your Name

Print Your Position (Firefighter, EMT, etc.)

I acknowledge that I must have completed my initial performance trail period for my current position.

Statement of grievance by employee:

Remedy sought by employee:

Result of grievance (left blank by grieving employee):

Employee

Signature: _____ Date: ____ / ____ / ____