## Clallam County 4-H Council 223 E 4<sup>th</sup> St, STE I5 Port Angeles, WA 98362

Phone: 360-417-2398



## Clallam County 4-H Grievance/Appeal Form

This form is for Grievances/Appeals for Council's considerations. If you have concerns of a more personal nature please contact the 4-H coordinator directly.

This form can be turned into the 4-H Coordinator or a member of the Clallam 4-H Council Executive Committee at the extension office in person or by mail, or as an attachment via email or text.

Date:	4-H Member name:	
Club:	Email:	
Is this a:  ☐ Request to addre	ess a grievance	☐ Animal Appeal (Grievance Animal) Request
For Animal Appeal Reque	est:	
Project:	Original Animal ID	: Substitute Animal ID:
		paragraph. Please include reasons and or circumstances on you feel is important for the committee to know.
Signature of 4-H membe	r:	
Signature of Parent/Gua	rdian:	
	For cor	mmittee use only
Date received:	Chair of Committee:	
Committee Decision:		