

# FULTON COUNTY FAIR GRIEVANCE SHEET - \$250. (This is nonrefundable)

GRIEVANT INFORMATION	
<b>GRIEVANT NAME</b>	
<b>GRIEVANT ADDRESS</b>	
<b>GRIEVANT PHONE NUMBER</b>	
DETAILS OF EVENT LEADING TO GRIEVANCE	
<b>WHO WAS INVOLVED?</b> Provide names and titles. Include witnesses.	
<b>WHEN DID IT OCCUR?</b> Date and time	
<b>WHERE DID IT OCCUR?</b> Specific locations	
<b>WHAT HAPPENED?</b> Describe the event in detail. Also, describe any incidents giving rise to the grievance.	
<b>WHY IS THIS A GRIEVANCE?</b> List all policies, procedures, and guidelines violated in the event described.	
<b>WHAT ADJUSTMENT IS REQUIRED?</b> Describe what must be done to correct the situation / problem.	

Attach additional sheets as needed.

Your signature below indicates that the information you've provided on this form is truthful.

SIGNATURES		
WITNESS NAME	WITNESS SIGNATURE	DATE
RECEIVER NAME	RECEIVER SIGNATURE	DATE