



Form for Partner Agencies Filing a Grievance

Contact Information:

Agency Name: _____ Agency Number: _____

Name of Person Filing Grievance: _____

Agency Mailing Address: _____

City: _____ Zip Code: _____

Phone #: _____ Email: _____

Explanation of Grievance:

Date of Occurrence: _____

Nature of Complaint and Relevant Details: _____

Proposed Resolution: _____

Signature of Person Filing Grievance

Date

Please submit this form to the Programs Team by emailing it to agency@pbcfoodbank.org or mailing it to: **ATTN: Agency Relations**, Palm Beach County Food Bank, 525 Gator Drive, Lantana, FL 33462

The Information below is for the Programs Team to fill out ONLY.

Signature of Staff Member Receiving Grievance

Date Received

Follow Up Procedure Notes: _____

Plan of Action and Resolution (see attached letter): _____

Signature of Programs Team Member

Date

Signature of Programs Director

Date