



Early Learning Coalition of the Nature Coast

Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

BOARD/COMMITTEE/COUNCIL MEMBER GRIEVANCE FORM

Name Member: _____ Date Submitted : _____

Complete details of grievance: (Include references to any law or policies)

Member remedy requested:

Member signature _____

Date _____

Board/Executive Committee Chair _____

_____ Date Received

Executive Committee Resolution:

Date presented to ELCNC Board: _____ Action Item #: _____
