



**AmeriCorps**

# AmeriCorps Grievance Form

The AmeriCorps program will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political belief.

**Name of Complainant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, and Zip:** \_\_\_\_\_

**Telephone (including area code):** \_\_\_\_\_

**Name of Party Complaint is against:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, and Zip:** \_\_\_\_\_

**Telephone (including area code):** \_\_\_\_\_

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**Describe the events that caused you to file this grievance:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Provisions of AmeriCorps service agreement, regulations, and/or provisions  
alleged to be violated:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Relief sought:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Date

Please submit this form to: AmeriCorps Program Director