

Medina County 4-H Grievance Form

Date of the complaint: incident: _____

Complaint:

Reasons for complaint:

List circumstances relating to the appeal/complaint:

Action requested:

Signature(s) of those filing the complaint: _____

Return form to: **Attn: 4-H Advisory Council**
 c/o OSU Extension, Medina County
 4046 Medina Rd.
 Medina, OH 44256

For Council Use Only:

Date Form Received: _____ **Person Receiving Form:** _____

Council Decision: