



Volunteer Grievance Report

Instructions: Complete this form when you witness and/or experience an issue of grievance while volunteering with San Diego Pride. Please submit this form to the Volunteer Manager within 24 hours of the grievance by email to volunteer@sdpride.org.

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|----------------|-------------------------|---------------------------|-------------------|
| CONTACT | Witness/Volunteer Name: | Email Address: | Phone Number: |
| | Mailing Address: | | |
| | Volunteer Title: | Department: | |
| | Supervisor Name: | Supervisor Email Address: | Supervisor Phone: |

Date of Grievance: ___ / ___ / ___

Location of Grievance: _____

Description of Grievance:

How would you like this matter to be resolved?:

Reported to: _____

Date Reported: ___ / ___ / ___

| | |
|--|--|
| <p>Certification. <i>By signing this form the witness/volunteer certifies that the information provided is true and correct to the best of the witness/volunteer's knowledge.</i></p> | <p>Witness/Volunteer Signature _____</p> <p style="text-align: right;">Date: _____</p> |
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