



*Our Business  
is Changing Lives!*

A Division of Goodwill  
**SHORELINE**  
Workforce Development Services

## GRIEVANCE AND COMPLAINT FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**Please describe your grievance or complaint. What happened? When did it happen? Who else was present at that time? Where did it happen?**

**Did you follow the Grievance and Appeal process described in your handbook?**

**Who have you talked to about this issue?**

**Additional Information:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**By using this form you have given up none of your rights and will be free from any form of abuse, financial or other exploitation, retaliation, humiliation or neglect. You will receive written notification of our findings within ten days.**

**Please submit to Sr. Vice President, Shoreline Workforce Development Services, 350 Encinal street, Santa Cruz CA 95060 Phone: (831) 429-6415 Ext. 223 or e-mail to [jcollins@scgoodwill.org](mailto:jcollins@scgoodwill.org) also available on the website @ [www.shorelineworks.org](http://www.shorelineworks.org)**

