

TRIKE RIDERS INTERNATIONAL

GRIEVANCE FORM

Aggrieved person (s) _____

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

TRI Membership number, if applicable _____ Email _____

NATURE OF COMPLAINT OR CONCERN

TRI operations policy Yes No

Officer selection Yes No

Officer termination Yes No

Unfair, or inequitable treatment
of member Yes No

Other, please be specific:

If officer was removed form position, what was the cause (s)

Level of complaint

Chapter level

District Level

Region Level

Have you discussed concern with the appropriate officer? Yes No

Results of Discussion
