

**ALAMO AREA COUNCIL OF GOVERNMENTS
GRIEVANCE FORM**

RFA/RA/RFB/RFP/RFQ Name/No. (If applicable): _____

Date: _____

The undersigned party(ies) submit(s) the following dispute for resolution under the grievance procedures of Grantee (AACOG) designated as receiving authority and should be delivered to:

Alamo Area Council of Governments
Administrative Services Director
8700 Tesoro Drive, Suite 700
San Antonio, Texas 78217-6228

There are no costs associated with the **filing** of a grievance.

Statement of Grievance (must identify RFA/RARFB/RFP/RFQ, include date questioned decision was taken, by what entity, and the reasons for filing the grievance; use additional pages if necessary)

Statement of previous action taken (if any)

Statement of what result the grievant would like (the remedy sought by the grievant; use additional pages if necessary) *Note that remedies may be limited to future action.*

List of documentary evidence (must identify grievance point each document illustrates or supports)

Name of grievant (Please Print)

Name of responding party (Please Print)

If grievant is an organization, authorized individual

Title

Address

Address

Telephone number

Telephone number

Fax number

Fax number

Signature

Signature