

# Manning Regional Child Care Association – Grievance Form

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Statement of Grievance:

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Settlement Desired:

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Signature of Griever: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only:

\_\_\_\_\_  
Signature of MRCCA Director

\_\_\_\_\_  
Date Received