

EXHIBIT 4



Grievance Complaint Form

Complainant Name: _____ Department: _____

Phone Number: _____ Today's Date: _____

Statement of Grievance: _____

Relief Requested: _____

Were there any witnesses? (If yes, please provide their names). _____

Is there any physical evidence that supports your complaint? If so, please describe or attach a copy of the evidence.

Do you allege illegal discrimination? If yes, what type of discrimination? Yes No, _____

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the City of Indianola deems relevant.

Signature

Date

Reporting Chain:

Management Member	Date Management Received	Date Mgmt Discussed with Employee &/or Response Sent to Employee
Immediate Supervisor		
Department Head		
Human Resources		
City Manager		
City Attorney		