



Grievance Form
Return to Town Hall
201 Center St W/PO Box 309
Eatonville, WA 98328

Name _____ Date _____

Phone Number _____ Email Address _____

Address associated with grievance _____

Is this grievance for you personally ☐ or for the town overall? ☐

Please describe your grievance:

Is this the first time you have brought this grievance forward? ☐ Yes ☐ No

If no, what is the history with the town on this grievance:

Please attach any additional pertinent information and or comments you may have.