



IAPP Grievance Form
Booker T. Washington Community Center
1101 S. 13th St.
Terre Haute, IN. 47802

The IAPP Board of Directors will only meet about a formal grievance after receipt of the signed grievance form and will communicate their findings within 14 days of the completion of the meeting at which the grievance was addressed. All Board of Directors' decisions will be final.

In order to process a complaint, certain basic information is necessary. Please complete this form to the best of your ability.

Your Information

Your name: _____

Your address: _____

Your telephone number: _____

Complaint Against

- Board of Directors' Decision
- IAPP Trainer
- Continuing Education Units
- IAPP Director
- IAPP Annual Meeting
- Other (please be specific): _____

The complaint

Be as specific as possible (dates, locations, times, participants, actions). Use additional paper, as necessary. Try to focus on the important points, in chronological order. Supporting documentation can be included if you think it is relevant to the complaint. Please write your complaint below:

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

Your signature

Date

Please return this form to:

*IAPP Board of Directors
1101 S. 13th St.
Terre Haute, IN 47802
812-232-5190*