

APPENDIX "K"

ICK Grievance Form

Grievant Information

Name: _____

Date: _____

ICK Title: _____

ICK Membership status: Active _____ Inactive _____ Associate _____

Home Mailing Address: _____

Date, time and place of event occurred:

Document a detailed account of alleged offense (include the names of persons accused, persons who witnessed and persons filing these are required):

Please state policies, procedures, or guidelines from the governing documents that you feel have been violated:

We care about you! We apologize for any trouble you have experienced. The Imperial Court of Kentucky seeks to be a more inclusive entity through the creation of more equitable channels of communication. We hope this form allows the empire an acceptable way of filing complaints and grievances. Forms shall be submitted to the board of directors for review and consideration. If the grievance involves an issue pertaining to titles or protocol the Board will call a joint meeting with the College of Monarchs to plan a course of action. Please be patient and report any further problems promptly. The grievant should retain a copy of this form for his/her records. The signature below indicates that you are filing a grievance, and any information on this form is truthful.

Signature _____

Date _____

Received by _____

Date _____