P-PATCH COMMUNITY GARDENING PROGRAM

Grievance form

|  |  |
| --- | --- |
| Contact Information | Name |
|  | Address |
|  | Phone Number |
|  | Email Address |
| Name of other parties involved in the grievance |  |
| P-Patch Site |  |

Provide the Following:

Type of Conflict (please check more than one if necessary):

🞎 Gardener to Gardener

🞎 Gardener to Site Leader

🞎 Gardener to P-Patch Staff

🞎 Gardener to Program

🞎 Appeal

🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach more details to this form, including brief descriptions of:**

* The conflict, including names, dates, and other pertinent facts.
* Steps you’ve taken to resolve the conflict.
* Possible solutions for the conflict.
* If an appeal, explain the basis of your request for a review.

**Send complete form to**: Seattle Department of Neighborhoods, P-Patch Community Gardening Program, c/o Program Supervisor, PO Box 94649, Seattle, WA 98124-4649.

*Disclaimers*

*This procedure/form is not intended to resolve incidents of physical harm or criminal behavior. The police should be contacted, and the P-Patch program notified of any such incidents. Any information submitted here may be shared with the individuals involved, P-Patch staff, or other City employees consistent with the Public Records Act, RCW 42.56.*