

# Walker County Fair Association Rule Grievance Form

Name: Click here to enter text.

Date: Click here to enter text.

Address: Click here to enter text.  
Click here to enter text.

Contact numbers: Click here to enter text.  
Click here to enter text.

**COMPLAINT DETAILS:** (Please specify Rule Violation to include date, time, committee name)

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

**What is the desired outcome of the grievance:** Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

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**For WCFA Grievance Committee use only:** (outcome of grievance)

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WCFA USE ONLY

\$200.00 Fee paid: \_\_\_\_\_

Grievance Committee Members: \_\_\_\_\_

\_\_\_\_\_