



# Grievance Form

Name of person Filing Grievance:	
Chapter:	
Competitive Event:	
Date & Time:	
Lead Chapter Adviser	

Please describe the incident in question, including the specific guidelines that were incorrectly applied and the specific action requested of the grievance committee:

Action/Determination:

\_\_\_\_\_  
Signature of Lead Advisor

\_\_\_\_\_  
Signature of DECA Director

\_\_\_\_\_  
Signature of Competition Manager

\_\_\_\_\_  
Signature of Board Chair