



National Shoot-To-Retrieve Field Trial Association, Inc.

25 W. Marion St., Danville, IN 46122

Phone : (317) 839-4059 Fax: (317) 839-4197

Email : office@nstra.org

**OFFICIAL GRIEVANCE FORM
(APRIL 2024)**

Date of Submission: _____

Member name and membership number: _ _ _ _ _

Date or Dates of Occurrence(s): _____

** If multiple occurrences, list all dates (nothing more than one year old).*

Statement of Grievance: (you may attach additional pages as necessary.)

Please be specific. Include all relevant information including the exact harm or violation to you/others, dates, individual(s) names, rules or by-law references, etc. Attach any pertinent documentation. Only testimony by individuals with first-hand knowledge may be considered.

Office Use Only:

Date of Receipt _____ (initial grievance)

_____ (other)

_____ (other)

Plan of Action _____

BOD packet sent _____

BOD Voting Results _____

Final Notification _____