



EL PASO COLLABORATIVE
for
Community and Economic Development

1359 Lomaland, Room 516
El Paso, TX 79935
915-590-1210

GRIEVANCE FORM

DATE:

Name of Person/Contractor submitting grievance: _____

Address: _____ City: _____ Zip: _____

Tel: _____ E-mail: _____

Please briefly describe what your grievance is about?

Signature of Grievant:
