

**OREGON COUNTRY FAIR GRIEVANCE FORM**  
**Revised MAY 20, 2002**

Oregon Country Fair, 442 Lawrence Street, Eugene, OR 97401, [office@oregoncountryfair.org](mailto:office@oregoncountryfair.org)  
Kat Kirkpatrick, Grievance Administrator, 1013 SE 13<sup>th</sup> Ave, Portland, OR 97214,  
[grievance@oregoncountryfair.org](mailto:grievance@oregoncountryfair.org)

Please type or print legibly in ink and return to The Grievance Administrator. Thank you.

Grievance Level: Step 1  Step 2  (Mediation) Step 3 (Arbitration)  Step 4 BoD Appeal

Date of Filing this step: \_\_\_\_\_

**Grievant Contact Information**  
**(please complete all blanks)**

Grievant's Name: \_\_\_\_\_

Fair Affiliation/Crew: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Best day and time to talk: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you wish to designate an adult person to act as your representative and speak for you? Yes  No   
If yes, provide the following information regarding your representative:

Representative's Name: \_\_\_\_\_ Attorney? Yes  No

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Best day and time to call: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Respondent Information**  
**(The party you're filing against)**

Respondent Name: \_\_\_\_\_

Fair Affiliation/Crew: \_\_\_\_\_

\*Mailing Address : \_\_\_\_\_

\*Telephone: \_\_\_\_\_

\*Email: \_\_\_\_\_

(\* if known)

Please document your grievance by providing the following information. If space is insufficient, attach additional sheets as needed.

Date grievable event occurred: \_\_\_\_\_ Continuing grievance? Yes  No

Location of grievable event: \_\_\_\_\_

Is this grievance a dispute over the meaning or interpretation of language in a document? Yes  No

OCF Articles of Incorporation ? Yes  No  Relevant Section/Page: \_\_\_\_\_

OCF By Laws? Yes  No  Relevant Section/Page: \_\_\_\_\_

OCF Guidelines? Yes  No  Relevant Section/Page: \_\_\_\_\_

Code of Conduct? Yes  No  Relevant Section/Page: \_\_\_\_\_

Personnel Policy Manual? Yes  No  Relevant Section/Page: \_\_\_\_\_

**Nature of grievance relevant facts:** (attach additional sheet as needed)

\_\_\_\_\_  
\_\_\_\_\_

**Details of any complaint:**

\_\_\_\_\_  
\_\_\_\_\_

**Nature of injury or damages alleged:**

\_\_\_\_\_  
\_\_\_\_\_

**Grievant's requested remedy:**

\_\_\_\_\_  
\_\_\_\_\_

I affirm that this grievance is filed in good faith and that all information I have provided is true to the best of my knowledge and belief. I attest to these facts by affixing my signature below.

\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
Date

Please return completed form to either OCF or Grievance Administrator at address at top of page 1

The Grievance Process is published online and available at [www.oregoncountryfair.net](http://www.oregoncountryfair.net) under the Documents Section.