

Members' Grievance Form

Purpose:

The purpose of this form is to ensure that all members, committees, and officers of the California Association of Legal Support Professionals ("CALSPro") have a clear, respectful, and documented method for submitting grievances or concerns related to conduct, policy violations, or organizational matters. This form supports CALSPro's commitment to fairness, transparency, and due process in all internal proceedings.

1. Complainant Information

Name: _____

Title / Member Type: Board Member General Member Committee Chair Other: _____

Email: _____

Phone: _____

Date Submitted: _____

2. Subject of Grievance

Name of Individual(s) or Committee Involved: _____

Position or Role (if known): _____

3. Nature of the Grievance

Please describe the concern, incident, or conduct prompting this grievance. Include relevant dates, locations, and any policies, bylaws, or procedures believed to have been violated.

Attach additional pages or supporting documentation if necessary.

4. Desired Resolution

Please indicate your preferred outcome or resolution:

- Mediation or facilitated discussion
- Policy clarification or training
- Disciplinary review
- Other (describe): _____

Briefly explain what action you believe would resolve the matter:

5. Supporting Documentation (Optional)

Please list any attachments or evidence submitted with this grievance (emails, reports, screenshots, etc.):

6. Declaration and Signature

I affirm that the information provided is true and accurate to the best of my knowledge. I understand that CALSPro will handle this grievance in accordance with its policies on confidentiality, fairness, and due process.

Signature: _____

Date: _____

Received by (Board or Ethics Chair): _____

Date: _____