

Date received by Director of DCEAC ___/___/___ BY _____ (Initials) Resolution date: ___/___/___ BY _____ (Initials)

FORM 24-CLS Grievance Form

As authorized by the Division of Christian Education Accreditation and Credentials
of the Sunday School Publishing Board, National Baptist Convention, USA, Inc

Submit the form to: Director of Christian Education, P.O. Box 70990, Nashville, Tennessee 37207-0990

Person Reporting: _____ Date: ___/___/___
(Choose One -Rev., Dr., Dea., Mr., Mrs., Ms., Miss, Min.)

Address _____ City _____ State _____ Zip Code _____

(H) Phone (____) _____ Daytime Phone (____) _____ E-mail _____

Check one: ___ COPP Student ___ Instructor ___ Dean ___ State Director ___ President

Local church _____

Address _____ City _____ State _____ Zip Code _____

Pastor: _____ Church Phone: (____) _____

District Association _____

Address _____ City _____ State _____ Zip Code _____

Moderator: _____ Office Phone: (____) _____

State Convention _____

Address _____ City _____ State _____ Zip Code _____

President: _____ Office Phone: (____) _____

Complaint

Instructions: In the space below, please provide a detailed account of your grievance, including the name of the individual(s) and subsequent action(s) for resolution. Please submit separate sheets as needed to complete your complaint.

Signature: _____ Date ___/___/20___