

**UF/IFAS Extension Sarasota County  
Community Gardens Program  
Grievance Form**

**Complainant Information:**

Your Name:
Phone Number(s):
Email:
Garden Name:
Today's Date:

**Type of Conflict (check more than one if necessary):**

- |   |  |
|---|--|
| <input type="checkbox"/> Garden Member with Garden Member | <input type="checkbox"/> Garden Member with Garden Manager           |
| <input type="checkbox"/> Garden Member with Program       | <input type="checkbox"/> Other (describe who the conflict involves): |

Name(s) of other parties involved: \_\_\_\_\_

Please be aware that our Community Garden Program conflict resolution guidelines require that members first attempt to resolve issues themselves and subsequently with the Garden Manager, prior to submittal of this form to staff. If you have not already done so, please review these guidelines, available on our webpage at: <http://sarasota.ifas.ufl.edu>.

Have you attempted to resolve this matter yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you spoken with your Garden Manager about this issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Briefly describe the conflict (please include names, dates, and other pertinent information). Attach additional pages if needed:**

Are additional pages or documents attached? ☐ Yes ☐ No

*This procedure/form is not intended to resolve incidents of physical harm or criminal activity. In such cases, the police should be contacted and staff notified immediately.*

**Upon receipt and review of this form, you will be contacted to discuss next steps in the resolution process. Submit this completed form to the Community Gardens Program Coordinator at:**

UF/IFAS Extension Sarasota County  
Twin Lakes Park, Green Building  
6700 Clark Road  
Sarasota, FL 34241

Phone: (941) 861-9815 ; Email: [sarasota@ifas.ufl.edu](mailto:sarasota@ifas.ufl.edu)