



**BUSINESS  
PROFESSIONALS**  
of AMERICA

**Giving Purpose  
to Potential**

## National Officer Grievance Contact Information Form

Per the National BPA Grievance Policy, "The Candidate, Local Chapter Advisor and State Advisor or designee will be informed of the grievance and nature of the grievance and given the opportunity to respond if action is taken against the candidate."

Please complete the contact information below to ensure that the Grievance Committee will be able to contact you if action is taken against your candidate. All information other than signature must be typewritten.

### National Officer Candidate

Printed Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Local Chapter Advisor of Candidate

Printed Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### State Advisor or Designee of Candidate

Printed Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_