Reset Form

PSYCHOMOTOR SKILLS GRIEVANCE
State Form 54592 (R / 1-14)

Indiana Department of Homeland Security
Psychomotor Skills Examination
Grievance Form

I wish to file a formal grievance based upon the following information in accordance with the policy which was explained to me during the "Candidates' Orientation to the Psychomotor Examination." I fully understand that the decision of the Grievance Committee is final and agree to abide by the Grievance Committee's final and official decision.

Station(s) in question:

Summary of Circumstances:			
Name:		Date *(month, day, year)*:	
Signature:			
Note: Do not leave this site until the State Representative informs you of the Grievance Committee's official decision.			