

LINCOLN COUNTY SMALL FARMERS' ASSOCIATION MARKET

Concern Form

Lincoln County Small Farmers Market vendors who have concerns about market operations, vendor policies, or other vendors' compliance with market rules should submit this Concern Form.

- All concerns are treated confidentially by the Board and Market Manager and no discussion shall take place during Market activities.
- The vendor shall receive a written resolution to their concern within two weeks of the submitted form.

Name _____ Date _____

Contact Info _____

Your concern must fall into at least one of the following four categories. Please check which description(s) best fit your concern.

- I believe there has been a violation of existing policy.
- I believe an existing policy has been inconsistently applied.
- I believe there is an unfair situation and there is no applicable policy to cover it.
- I believe an existing policy is unfair and discriminatory.

1. Please describe the situation, including any events leading up to it. Include the date or time period in which this situation arose.
2. Please list anyone directly involved in the situation.
3. What steps have you taken to resolve this with the Market Manager?
4. How does this situation fall into one of the four concern categories?
5. If your concern involves an unfair situation, where there is no applicable policy, or a policy that you believe to be inherently unfair, describe the policy changes you think should be made.
6. Please describe the specific results you are seeking through filing this concern.

Please submit form to Market Manager or mail to LCSFA, PO Box 1633, Newport, OR 97365

2010 LCSFAM Concern Form