EMPLOYEE GRIEVANCE FORM

It is the purpose of the Grievance Procedure to establish a method whereby grievances of employees will be resolved fairly and effectively. The filing of a grievance will in no way prejudice the status of the employee. Please see the Policy Manual for a full description of the procedure (Policy 3-31 and 4-28).

EMPLOYEE: ____________________________ DATE: ___________________

DEPARTMENT: ______________________ JOB TITLE: ______________________

STATEMENT OF GRIEVANCE (Background/activity leading to complaint, including dates):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

REMEDY REQUESTED: __________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

EMPLOYEE’S SIGNATURE: __________________________ DATE: ___________________

Date the Immediate Supervisor was notified: ________________________________
(Please attach response)

Date the Second-Level Supervisor was notified: ________________________________
(Please attach response)

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