

## 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):

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**REMEDY REQUESTED:** \_\_\_\_\_

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**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**Date the Immediate Supervisor was notified:** \_\_\_\_\_  
(Please attach response)

**Date the Second-Level Supervisor was notified:** \_\_\_\_\_  
(Please attach response)

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