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 151).

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)