

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)