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 Library for a full description of the Grievance procedure.

EMPLOYEE: ___________________________________ DATE: __________________

DEPARTMENT: _____________________________________________________________

JOB TITLE: _______________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

You may attach additional pages, if the above is insufficient to explain the grievance in full.

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)

Revised 08/2022