

Grievance Form

Name of Employee: _____
Department: _____ Date of this Report: _____

State your grievance in detail, including the date of act(s) or omissions causing grievance:

Identify other employees with personal knowledge of your grievance:

Briefly state your efforts to resolve this grievance: _____

Describe the remedy or solution you would like:

Employee's Signature: _____
Date: _____

STEP 3 Date Received: _____ Actions
Taken: _____

Disposition:

Accepted _____ Appealed _____

Assigned Team Member _____

Date Communicated _____

STEP 4 Date Received: _____ Actions
Taken: _____

Disposition:

Accepted _____ Appealed _____

Grievance Review Team

Date Communicated

STEP 5 Date Received: _____ Actions

Taken: _____

Disposition:

Accepted _____ Appealed _____

Management Team

Date Communicated