



GRIEVANCE FORM

Date:	Name of Grievant:	Phone Number:	Witness Contact Information:
Department:	Received by:		

Grievance Statement:

Relief Sought:

Grievant's Signature

STEP 1: Decision of Immediate Supervisor

Date

Employee Response

Satisfied with response

Not satisfied with response

Supervisor's Signature

STEP 2: Decision of Department Head	Date	Employee Response
<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Department Head's Signature</i></p>	<p style="text-align: center;">_____</p>	<p><input type="checkbox"/> <i>Satisfied with response</i></p> <p><input type="checkbox"/> <i>Not satisfied with response</i></p>

STEP 3: Resolution Proposed by Personnel Director	Date	Employee Response
<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Personnel Director's Signature</i></p>	<p style="text-align: center;">_____</p>	<p><input type="checkbox"/> <i>Satisfied with response</i></p> <p><input type="checkbox"/> <i>Not satisfied with response</i></p>

Please attach any documentation pertinent to the matter to this form.