

DIVISION OF ADMINISTRATION

GRIEVANCE FORM

Grievant's Name: _____

Date grievant became aware of action complained of: _____

Date Grievance Filed: _____ Section: _____

FIRST STEP

At each step of the Grievance process, the grievant is responsible for providing a copy of all documents to the Office of Human Resources.

Grievance Statement: (If additional space is needed, please attach a statement.)

Relief Sought: (If additional space is needed, please attach a statement.)

Grievant's Signature: _____ Date: _____

Decision of Immediate Supervisor: (If additional space is needed, please attach a statement.)

Supervisor's Signature: _____ Date: _____

EMPLOYEE'S ANSWER

_____ I am satisfied with the answer to my grievance.

_____ I am not satisfied with the answer to my grievance and wish to have it referred to the Second Step.

Grievant's Signature: _____ Date: _____

c: Office of Human Resources

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SECOND STEP

At each step of the Grievance process, the grievant is responsible for providing a copy of all documents to the Office of Human Resources.

Decision of Section Head: (If additional space is needed, please attach a statement.)

Supervisor's Signature: _____ Date: _____

EMPLOYEE'S ANSWER

_____ I am satisfied with the answer to my grievance.

_____ I am not satisfied with the answer to my grievance and wish to have it referred to the Third Step.

Grievant's Signature: _____ Date: _____

c: Office of Human Resources

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THIRD STEP

At each step of the Grievance process, the grievant is responsible for providing a copy of all documents to the Office of Human Resources.

Decision of the Appointing Authority: (If additional space is needed, please attach a statement.)

Appointing Authority's Signature: _____ Date: _____

c: Office of Human Resources