



GRIEVANCE FORM

Name: _____ Empl ID: _____

Title: _____ Department: _____

Date Grievance Occurred: _____ Date Grievance Filed: _____

Step 1

Grievance Statement (attach additional pages if needed): _____

Remedy Requested (attach additional pages if needed): _____

Employee Signature: _____ Date: _____

Decision of Immediate Supervisor

*See attached statement written by immediate supervisor

Immediate Supervisor Signature: _____ Date: _____

STEP 2

I am not satisfied with the Step 1 answer to my grievance and wish to have it referred to Step 2.
Reason(s) why the Step 1 decision is unsatisfactory (attach additional pages if needed): _____

Employee Signature: _____

Date: _____

Decision of Department Head

*See attached statement written by the Department Head

Department Head Signature: _____

Date: _____

STEP 3

I am not satisfied with the Step 2 answer to my grievance and wish to have it referred to Step 3.
Reason(s) why the Step 2 decision is unsatisfactory (attach additional pages if needed): _____

Employee Signature: _____

Date: _____

