

## GRIEVANCE AND APPEAL FORM

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Home Address: \_\_\_\_\_ Department: \_\_\_\_\_

\_\_\_\_\_ Department Head: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**I Wish To File The Following Grievance:**

\_\_\_\_\_ **STEP 1:** Must be initiated within 15 working days from the date of response of informal step.

\_\_\_\_\_ **STEP 2:** Must be initiated within 10 working days from the date of written denial Step 1.

\_\_\_\_\_ **STEP 3:** Must be initiated within 10 working days from the date of written denial Step 2.

**Reason For Grievance Or Appeal:**

**Date of alleged incident:**

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**Requested Solution:**

**Employee Representative (if applicable):**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Once you've completed and saved this form, please email your document to: [hr@smcm.edu](mailto:hr@smcm.edu)

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

Decision: \_\_\_\_\_ Decision Sent: \_\_\_\_\_

Return Receipt Date: \_\_\_\_\_ (certified mail)

Forward The Completed Form To The Office Of Human Resources