

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:

Requested solution:

Employee Representative (if applicable):

Name: _____

Organization: _____

Phone: _____

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.