GRIEVANCE FORM

(Please type or print all information)

Grievant: _____

Address: _____

_____

vs.

Respondent: _____

Department: _____

Job Title: _____

Supervisor: _____

Incident Date: _____

Filing Date: _____

*Office Use **Only***	
Case #:	

Please check one or more that apply

- ☐ Harassment
- ☐ Discrimination
- ☐ Suspension
- ☐ Termination
- ☐ Hiring Process

Summary of Incident (*Please use reverse side or attach any additional forms if necessary*):

Relief Sought:

Grievant's Signature: _____ Date: _____

*Department of Personnel or Human Resources Office Use **ONLY***

Date Received: _____ Initials: _____ Handbook (*circle one*): Y N

The terms of this grievance are contingent upon the employee maintaining full confidentiality over the grievance response. No part of a response may be discussed with anyone and willful disclosure may result in disciplinary action.

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