

GRIEVANCE FORM

1. Employee Filing Grievance: _____

2. Date Grievance Occurred: _____

3. Nature of Grievance and why the action is perceived to be a work related injustice or oppression: (Please give specific details of what happened)

4. Historical Information Related to the Grievance:

5. Previous Attempts to Informally Resolve the Grievance:

6. Requested Resolution:

Employee's Signature

Date Filed

Supervisor's Signature

Date Received

Notes:

REV 05-13.1