



EMPLOYEE GRIEVANCE FORM

Employee Name: _____ Program: _____

Supervisor: _____ Work Phone: _____

COMPLAINT (use back if more space needed):

Signature of Employee

Date

Supervisor Resolving Issue: _____

Attempts to resolve/resolution (include meeting date):

Supervisor's Signature

Date

Note: If the grievance is with the employee's direct supervisor this form can be submitted directly to the person in authority at the next level.

- ◆ Original with decision to Employee's Personnel File
- ◆ Copy with decision to Employee