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| **Employee Grievance Form** |
| **Employee Name** | **Date Form submitted** |
|  |  |
| **Job Title** | **Employee ID** |
|  |  |
| **Details of Issues Leading to this Grievance** |
| **Date, Time, and Location of Issue** | **Witnesses if applicable** |
|  |  |
| **Description of Issue - Provide details of the occurrence including the names of any additional persons involved. Use additional paper if necessary.** | **Violation - Provide a list of any policies, procedures, or guidelines you believe have been violated from the issue described.**  |
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| **Proposed Solution** |
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| **Employee Signature** | **Date** |
|  |  |
| **Step 1 - Supervisor Signature (attach written response)** | **Date** |
|  |  |
| **Step 2 - Next Level(s) of Management (attach written response)** | **Date** |
|  |  |
|  |  |
|  |  |
| **Step 3 - President’s Cabinet (attach written response)** | **Date** |
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