

EMPLOYEE GRIEVANCE REPORT

Grievance Step – circle one		
1	2	3

No. – for Employer use only

If this is a group grievance, use name of spokesperson and attach a sheet listing the names and signatures of other grievants.

Name – Last, First, Middle Initial	Classification	Working Title of Position
Institution	Department	Telephone number
This grievance alleges		Type of grievance (check one) <input type="checkbox"/> Grievance appealing a dismissal <input type="checkbox"/> Grievance appealing discipline other than dismissal <input type="checkbox"/> Working conditions grievance <input type="checkbox"/> Layoff grievance

Describe the grievance – state all the facts, including time, place of incident, names of persons involved, etc. The description of the grievance may be attached to this report.

Relief sought

Employee's Signature	Employee Representative's Signature (if applicable)	Date Submitted
Employee's Mailing Address and e-mail address	Employee Representative's Name (PRINT) (if applicable)	Employee Representative's Mailing Address and e-mail address (if applicable)

Employer's Decision			
Employer's Signature	Title	Date Received	Date Returned

INSTRUCTIONS

Grievances shall be pursued in accordance with the following steps and time limits:

- Dismissal appeals will begin at Step Two.
- Layoff and discipline grievances will begin at Step One and may proceed no further than Step Two.
- Working condition grievances may be processed through Step One only.

Grievances must be filed on this form. Please fill out sheet, print, and obtain necessary signatures.