EMPLOYEE GRIEVANCE

Instructions: Please complete all sections and upload to the Grievance Submission Portal.

EMPLOYEE AND GRIEVANCE INFORMATION	
Name of Grievant	Job Title
Department	Supervisor
Date and Time of Action/Incident	Date Supervisor became aware of action

REPRESENTATIVE INFORMATION *(if applicable)*	
Name of Representative	Relationship to Grievant (e.g. Attorney)
Telephone Number	Email Address

STATEMENT OF GRIEVANCE

Nature of Personnel Action (i.e. Reduction-in-Grade, Suspension, or Removal)

Specific Policy/Law Violated

Concise Statement of Reasons *(why the action was improper)*

List of Known Witnesses

SIGNATURE	
Grievant Signature	Date