

**Employee Grievance Form**

The term “grievance” as defined in board policy 5.3 shall refer to a violation or inequitable application of College policies, regulations, procedures, federal/state statutes, or other disability related statutory rights, or other existing laws. This form and any supporting documentation should be submitted to the Director of Human Resources when filing a written grievance.

1. Employee name: Click here to enter text.

2. Date of submission: Click here to enter text.

3. Provide a statement of the incident/complaint of which the grievance is based.

Click here to enter text.

4. Relevant board policy (ies) or relevant administrative procedures alleged to be violated.

Click here to enter text.

5. Date on which the event or occurrence first transpired: Click here to enter text.

6. Explanation of what actions have been taken: Click here to enter text.

7. Supporting documentation: (Please number, title and date the supporting documentation). Click here to enter text.

8. Names of witnesses: Click here to enter text.

9. Other information which the grievant deems relevant: Click here to enter text.

10. The resolution or relief requested: Click here to enter text.

11. Employee signature/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Use

12. Date grievance received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 2/26/18