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Originally Issued: 10/1/12
Reviewed: November 4, 2021

**EMPLOYEE GRIEVANCE FORM A**

**Complainant Information –** Complete and sign the form and deliver to the CHRO/Vice President of Human Resources.

**Date Grievance Filed:** Click here to enter text.

**Complainant Name:** Click here to enter text.ID Number: Click here to enter text.

**Complainant Address**: Click here to enter text.

**Complainant E-Mail**: Click here to enter text.

**Complainant Phone #1:** Click here to enter text. **Phone #2:**Click here to enter text.

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Grievance –** Provide a brief description of the grievance, including dates of occurrence(s), in the space below. Attach any supporting documentation as necessary.

**For Human Resources Use Only:**

Date of Reply to Grievance Filing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHRO/Vice President of Human Resources Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_