



Grievance Form:

Section A

To: Coordinator

Date:

From:

(Please print name of Grievant/Employee)

STATEMENT OF GRIEVANCE: (What is the action or situation about which you have a problem or complaint? Be specific; give names, dates, locations, and all other information. Attach additional pages if necessary).

WHAT REMEDY DO YOU SUGGEST?

Signature:

Date:

Section B

Date Received:

Date Employee Advised:

SUPERVISOR'S RESPONSE:

Signature:

Date:

TO BE RETURNED TO GRIEVANT/EMPLOYEE FOR FURTHER ACTION

Section C

**GRIEVANT/EMPLOYEE MUST SUBMIT THE ORIGINAL FORM
ALONG WITH THIS FORM TO THE PROGRAM MANAGER**

To: Program Manager

I wish to appeal the grievance answer from the Coordinator.

Reason for Appeal:

Signature:

Date:

This section is to be completed by Program Manager

Date Received:

Date Employee Advised:

Response:

Signature:

Date:

Section D

**GRIEVANT/EMPLOYEE MUST SUBMIT THE ORIGINAL FORM
ALONG WITH THIS FORM TO THE PROGRAM MANAGER**

To: Chief Executive Officer

I wish to appeal the grievance answer from the Program Manager.

Reason for Appeal:

Signature:

Date:

This section is to be completed by Executive Director

Date Received:

Date Employee Advised:

Response:

Signature:

Date: