

EMPLOYEE GRIEVANCE FORM

This form should be completed by the aggrieved employee and delivered to the appropriate supervisor in the employee's chain of command.

Name of person making grievance: _____

Address to send correspondence: _____

Telephone number: _____ Email address: _____

Name of person your grievance is against? _____

What date/s did the actions occur? _____

What do you allege occurred? (Please be specific, provide details, and use the reverse of this sheet if needed)

Is there a specific law or College/ACCS policy/guideline that you believe has been violated? _____

If so, which one/s? _____

In your opinion, what could be done to reasonably resolve this grievance? _____

Print Name

Signature

Date

This section should be completed by college official who receives the form.

Signature of College Official Receiving Form

Date Form Received

