

# FORMAL GRIEVANCE FORM

THIS FORM LISTS THE INFORMATION YOU NEED TO PROVIDE WHEN FILING A FORMAL GRIEVANCE. PLEASE REFER TO POLICY DGBA FOR DETAILED INFORMATION ABOUT THE EMPLOYEE GRIEVANCE PROCESS INCLUDING TIME LINES. THIS FORM WILL SERVE AS PAGE ONE OF YOUR FORMAL GRIEVANCE DOCUMENT.

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**TO BE COMPLETED BY EMPLOYEE. PLEASE PRINT.**

A. Employee's name \_\_\_\_\_

B. Employee's address \_\_\_\_\_  
\_\_\_\_\_

C. Date grievance filed \_\_\_\_\_

D. Employee's signature \_\_\_\_\_

If you choose to be represented by another person or organization, please complete part E.

E. Name of representative \_\_\_\_\_

Address of representative \_\_\_\_\_  
\_\_\_\_\_

Phone number of representative \_\_\_\_\_

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**THE GRIEVANCE MUST INCLUDE ALL THE INFORMATION LISTED BELOW IN COMPLETE DETAIL. YOU MAY ATTACH OTHER DOCUMENTATION IN SUPPORT OF YOUR GRIEVANCE CLAIM.**

1. **STATEMENT OF GRIEVANCE:** Please identify and clarify in sufficient detail the basis of the grievance.
2. **STATEMENT OF HARM:** Please state the individual harm that you have suffered because of the decision/action being grieved.
3. **INFORMAL DISCUSSION:** Please explain the efforts you have made to resolve the grievance informally and report the date(s) you informally discussed the grievance with your supervisor.
4. **RELIEF SOUGHT:** Please specify the relief you are seeking by filing this grievance.

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**TO BE COMPLETED BY ADMINISTRATOR**

A. Name of Vice President or Dean \_\_\_\_\_

B. Date formal grievance received \_\_\_\_\_

C. Date of hearing with employee \_\_\_\_\_