

FORM OF GRIEVANCE

GRIEVANT:

Name _____ **Date Submitted** _____

Rank/Dept _____

Office phone _____ **Resubmitted** _____

E-mail _____

PERSON AGAINST WHOM THIS GRIEVANCE IS BEING FILED:

Name _____

Position _____

WHAT DECISION IS THE BASIS OF THIS GRIEVANCE?

WHAT REMEDY OR RESOLUTION DOES THE GRIEVANT SEEK?

CHRONOLOGY:

Date of notification of contested decision: _____

Communications with person issuing the contested decision after the above date:

Date: Nature of communication (brief specific statement):

SUMMARY OF GRIEVANCE:

On a separate page, describe specifically the decision being grieved and how the grievant was treated unfairly, adversely affected by the decision, or how the decision violated established policies and procedures. **No more than 1 page maximum** (8 1/2 x 11", 1" margins, 12 pt/10cpi font) will be accepted. The grievant may include any appropriate matter that substantiates the grievance. In accordance with Section 1.2 of the Grievance Procedure, the statement must address (1) the decision being grieved, and (2) how the decision resulted in unfair treatment because of a failure to follow procedures.