

Student Employee Grievance Form

Grievant's Information

Employee Name: _____ Date: _____

Job Title: _____ Employee ID: _____ Date of Hire: _____

Department assigned to: _____ Supervisor: _____

Date, time and place of event leading to grievance:

Detailed account of occurrence (include names of persons involved, if any):

Please state policies, procedures, or guidelines that you feel have been violated:

Proposed solution to grievance:

The grievant should retain a copy of this form for his/her records. The signature below indicates that you are documenting a grievance, and any information on this form is truthful.

Employee Signature

Date

Received by

Date