

Grievance Filing Form

Date _____

Your name: _____

Your Program/Work Site and/or Position: _____

Place Where You May Be Reached: _____

Address: _____ Phone: _____

THE FACTS: (Please describe what happened in factual detail. Please identify witnesses or others who were present. Then identify the policy or statute you believe may be violated by this action/behavior. Please identify any person(s) you believe may be responsible.) (Use additional paper if needed.)

If others are affected by the possible violation, please give their names and/or positions:

PAST HISTORY: (Please describe any past incidents that you believe are related to this grievance):

SUGGESTED REMEDY: (Please describe any corrective action you wish to see taken with regard to the possible violation. You may also provide other information relevant to this grievance.)

_____/_____
Signature of Grievant / Date

Signature of Person Receiving Grievance

Date Location