GENERAL EMPLOYEE GRIEVANCE

CONFIDENTIAL

IDENTIFICATION

Name:	Job Title:	Work Telephone:
Supervisor's Name:	Supervisor's Telephone:	Representative's Name:
Date of Pre-Grievance Discussion :	With:	

STATEMENT OF PROBLEM

Provide a specific complete statement. Grievances may be withdrawn, but not amended. Attach all documentation you wish to be reviewed to support your position. If necessary, use extra sheets of paper and attach.

SUGGESTED RESOLUTION

What do you suggest to resolve the problem?

Signature of Employee filing grievance:	Date Submitted:

IDENTIFICATION

Name of Responding Authority:	Job Title:	Work Telephone:

RESPONSE TO PROBLEM STATEMENT

Provide a specific, complete statement. Describe your decision, and attach any additional pages and any supporting documentation to explain decision.

Signature of Responding Authority:	Date Response Provided to Grieving Party: