

Written Notice of Grievance
(must be filed within 14 days of the contested action or incident)

Employee: _____

Supervisor: _____

Please indicate the type of grievance you are filing:

Alleged Wrongful Disciplinary Action: _____

Alleged Illegal Discrimination: _____

Alleged Unlawful Workplace Harassment: _____

Please describe the alleged problem, incident or behavior (*must state what is being grieved, what relief is being sought, and must include a description of the efforts taken to settle the complaint informally*):

Please describe why you believe the action was wrongful, illegal or unlawful:

If you choose, please provide the names of any employees who may have been witness to the event or events that led to the filing of this grievance:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Bring this completed form to the Human Resources Department. Upon submission, you will be provided with a copy of the Employee Grievance Policy to assist you in this process. You will receive a written response to your grievance within seven days of submission.

Employee

Date of Submission