



## Formal Grievance Form

This form is to be used by any employee whose informal grievance has not been resolved to his/her satisfaction, or has not received a decision within the allotted time.

Employee name \_\_\_\_\_ Date submitted \_\_\_\_\_

This grievance form is to be forwarded to the supervisory employee who represents the next higher level of administration than that of the supervisor who responded to the informal grievance. A copy will be given to the immediate supervisor for his/her information.

Date of cause of grievance \_\_\_\_\_

Grievance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Employee \_\_\_\_\_

Supervisor name \_\_\_\_\_ Date received \_\_\_\_\_

The response of the supervisor is to be filled out within 4 days of having received the grievance. This may be foregone by arranging a meeting to be held within 7 days of having received the grievance.

Suggestions for resolution and/or action to be taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

EXTENSION OF TIME AGREEMENT (Must be signed by both parties)

Extended from \_\_\_\_\_ to \_\_\_\_\_

Employee \_\_\_\_\_ Supervisor \_\_\_\_\_