EMPLOYEE GRIEVANCE FORM

To file a formal grievance, an employee is required to complete and submit this form to the Division of Human Resources in accordance with the guidelines of the Company's Employee *Grievance and Appeals Policy #XXXX*. All sections must be completed. (Attach additional sheets if necessary.)

A. EMPLOYEE INFORMATION

Name	
Position Title	Department
Campus Address	Work Telephone
Home Address	Home Telephone
Date of Incident	Supervisor
inaccurate or misleading information	sity policies if rules pertaining to employment in the respective department mation in a personnel file if applicable laws or regulations, including anti-discrimination laws motion, or dismissal
C. State the specific	reason(s) for Grievance:
D. State the specific	resolution being requested:
Employee Signature	 Date