

Staff Grievance Form

Employee	Supervisor
Department	
Date(s) Grievances Occurred	
Nature of Grievances	
Remedy Sought	
Employee's Signature	
Step 1:	Response By Supervisor
Supervisor's Signature	

NOTE: Use one copy as the original throughout the procedure and make copies as needed.



Staff Grievance Form

Supervisor's Decision Appealed? [] Yes	[] No
Employee's Signature	// Date Presented
Step 2: Response of D	Department Head
Department Head's Signature	/ Date Returned
Department Head's Decision Appealed? [Employee's Signature] Yes [] No / Date Presented
Step 3: Response from Emplo	oyee Relations Office
Employee Relations Rep's Signature	// Date Returned
Employee Relations Representative's Decision App	1 1
Employee's Signature	Date Presented