



STAFF HR GRIEVANCE FORM INFORMAL GRIEVANCE

PLEASE PRINT

| | | | |
|------------------|--|-------------|--|
| Employee Name: | | Position: | |
| Supervisor Name: | | Department: | |
| Date PCA Issued: | | | |

STATEMENT OF GRIEVANCE(S):

1. State the alleged misapplication(s) of a stated policy or procedure. (Note the [Office of Equity](#) oversees allegations of [discrimination](#), [harassment](#), or [sexual misconduct](#), and has its own procedures to bring a grievance.) *(Attach another sheet if necessary.)*

2. State the relevant facts supporting your position, i.e., date(s), event(s), names(s)/title of person(s) involved, and any witness(es). *(Attach another sheet if necessary.)*

3. Remedy sought:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Positive Corrective Action discipline lessened |
| <input type="checkbox"/> | Positive Corrective Action language revised |
| <input type="checkbox"/> | Positive Corrective Action removed |
| <input type="checkbox"/> | Other (describe) |

Employee Signature

Date