

Control Number
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**Employee Grievance**

Employee Name <i>(Last, First M.I.) (Please print)</i>		Job Title/Classification	
Assignment Location	Work Telephone	Home Telephone	

..... **SUPERVISOR TO COMPLETE AT TIME OF INFORMAL** .....

<input type="checkbox"/> Resolved	<input type="checkbox"/> Unable to Resolve	Supervisor's Signature	Date
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Type of Grievance: <i>(Check Applicable Boxes)</i>		Alleged Discrimination Based On:			
<input type="checkbox"/> Personnel Rules compliance or non-compliance	<input type="checkbox"/> Other <i>(specify)</i> _____	<input type="checkbox"/> Race	<input type="checkbox"/> Age	<input type="checkbox"/> Religion	<input type="checkbox"/> Disability
		<input type="checkbox"/> National Origin	<input type="checkbox"/> Sex	<input type="checkbox"/> Other <i>(specify)</i> _____	
Describe your grievance in detail.					
(Attach an Additional Sheet if Necessary)					

Suggested Corrective Action:	
Employee Signature	Date

..... **TO BE COMPLETED IF WITHDRAWING A GRIEVANCE** .....

Of my own free will, I request my grievance be withdrawn.

Employee Signature	Date
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..... **TO BE COMPLETED UPON EMPLOYEE'S AGREEMENT THAT GRIEVANCE HAS BEEN RESOLVED** .....

I hereby confirm/agree that the suggested corrective action at STEP \_\_\_\_ fully resolves my grievance.

Employee Signature	Date
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