

# EMPLOYEE GRIEVANCE FORM

Reporter: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Pervasive/Acute: \_\_\_\_\_

Reporter's written description of grievance:

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Date for follow up (must be with 10 working days of initial report) : \_\_\_\_\_

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Reporter Signature

Date

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Supervisor Signature

Date

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Witness

Date

# EMPLOYEE GRIEVANCE FORM

(Response)

Date of Meeting: \_\_\_\_\_

Date of Initial Report: \_\_\_\_\_

Proposed Action Plan: \_\_\_\_\_

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Reporters Response: \_\_\_\_\_

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Forward to Board of Directors?    Yes    No

Reporter Signature

Date

Supervisor Signature

Date

Witness

Date