



Received by: _____ Date: _____

Grievance Form

Name: _____

Date: _____

Address: _____

Phone: _____

City/State/Zip: _____

E-mail: _____

Name of assistant/advocate (if applicable): _____

Phone number of assistant/advocate (if applicable): _____

Parties involved: _____

Date event occurred or became known: _____

Nature of Grievance/Policy in Question: _____

Level I – Informal discussion among parties

Notes: _____

Was this grievance resolved? ___ Yes ___ No

Date discussed with parties involved: _____

Level II – Formal meeting of parties and department/program supervisors

Notes: _____

Department Head: _____

Date received: _____

Recommendation: _____

Date of notification: _____ Was this grievance resolved? ___ Yes ___ No

Level III

Notes: _____

Date received by President/CEO: _____

Comments: _____

Date of decision: _____

Date of notification: _____

Recommendation: _____

Signature of Aggrieved Party

Date

Signature of Advocate/Assistant

Date

Supervisor

Date

President/CEO

Date

Reviewed by Executive Committee of Board

Date

Signature of Board Chair

Date