

EMPLOYEE GRIEVANCE FORM: FORMAL PROCESS

The following is a statement of my grievance, which I hereby request be reviewed in accordance with PSR's Employee Communication and problem solving policy and procedure. (Please use additional paper if needed to complete this form).

Name:

Position: _____ Dept. _____

Immediate supervisor/advisor _____

PSR policies or handbook provisions involved:

The reason for my grievance is as follows:

The desired outcomes I wish to seek are as follows:

I discussed this issue with _____ on (date): _____

Their response was as follows:

I believe this response was unacceptable for the following reasons:

IF APPLICABLE BECAUSE OF ADDITIONAL CONVERSATIONS:

I discussed this issue with _____ on (date): _____

Their response was as follows:

I believe this response was incorrect for the following reasons:

Witnesses who can confirm my statements are:

Employee Signature: _____

Date: _____