

**FORMAL GRIEVANCE**

(completed by grievant and first reviewer to address issue)  
(attach additional pages as needed)

**LEVEL ONE**

Grievant \_\_\_\_\_

First Reviewer \_\_\_\_\_

Representative (if elected) \_\_\_\_\_

Date of incident prompting grievance \_\_\_\_\_

Date of this filing \_\_\_\_\_

Policy or procedure alleged to have been violated (required) \_\_\_\_\_

STATEMENT OF GRIEVANCE:

ACTION REQUESTED TO RESOLVE GRIEVANCE:

STATEMENT OF FIRST REVIEWER:

RESOLUTION/RECOMMENDATION OF FIRST REVIEWER:

\_\_\_\_\_  
(Grievant) (Date) (First Reviewer) (Date)

**ATTACH ALL RELEVANT MATERIAL TO GRIEVANCE**

cc: Human Resources Manager

