

HUMAN RESOURCES GRIEVANCE FORM

Employee Name: _____ Job Title: _____

Supervisor Name: _____ Department: _____

Please provide a written statement that includes the below information:

- The nature of the grievance.
- Detailed information including evidence of the issue, witnesses, related policies, etc.
- The remedy or outcome desired.

STATEMENT OF GRIEVANCE(S):

1. Statement of the problem being grieved and any evidence to support the grievance. (Attach another sheet if necessary.)

2. State the relevant details supporting your position, i.e. date(s), event(s), names(s)/title of person(s) involved, and any witness(es). (Attach another sheet if necessary.)

3. Remedy or action being requested. (Please attach additional comments.)

The information provided in this grievance is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my grievance and provide whatever evidence Keck Graduate Institute deems relevant.

Employee's Signature

Date