

Minute Women Formal Grievance

THIS FORM MUST BE COMPLETELY FILLED OUT

| Name of Grievant (Please Print): Job Title: Date of Hire: | | Work Phone: Home Phone: <input type="checkbox"/> Send documents to external representative | | |
|--|---|---|----------------------|------|
| Home Mailing Address: Street or P.O. Box: City: State: Zip: | | Work Mailing Address: Dept: Div/Section: Street or P.O. Box: City: State: Zip: | | |
| Date, time and place of event leading to grievance: | | Date you became aware of the event, <i>(if different)</i> : | | |
| Detailed description of grievance including names of other persons involved, if any): | | | | |
| | | | | |
| Proposed solution to grievance: | | | | |
| Grievant: File a copy of this form with your immediate supervisor and retain a copy for filing at the next step or steps (see instructions on page 2 for a description of who to file with for steps 1 through 4) if necessary. If you do not receive a response within 10 working days or disagree with the action taken, you may file a copy of the grievance at the next step. | | | | |
| Step | Grievance Filed With <i>(Please Print Name)</i> | Date | Grievant's Signature | Date |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |