## EMPLOYEE GRIEVANCE FORM

Employee Name:		Date:	
Please identify the category of your grievance (circle one):			
Termination	Discipline		Workplace Safety
Are you an employee wit	th a contract?	Yes □	No 🗆
Identify the facts that su	pport your grievance.		
Specify the policy(ies), reviolated.	ule(s), regulation(s), and/or	r law(s) that you	ı believe has/have been
Describe the relief that y	ou are requesting.		

If you require additional space, please attach additional sheets to this form.

**APPROVED: NOVEMBER 21, 2016**