

Complaint and/or Grievance Form

Complainant(s)		Date	
Home Address		City	State
Home Phone		Date of disagreement	
<p>The disagreement involving the work situation because the complainant(s) believes that an injustice has been done because of:</p> <p>(circle one of the following)</p> <p><i>(Policies dictated by law are not included in this application)</i></p> <ol style="list-style-type: none"> <li style="margin-bottom: 10px;">1. a lack of a policy <li style="margin-bottom: 10px;">2. a policy is unfair <li style="margin-bottom: 10px;">3. a deviation from or misapplication of a policy <li style="margin-bottom: 10px;">4. interpretation of a policy <li style="margin-bottom: 10px;">5. non-compliance with state or federal law <li style="margin-bottom: 10px;">6. Other _____ 			
Where and when did the incident/disagreement occur?			
Describe details of the incident as clearly as possible. Attach additional pages as necessary.			
Did anyone witness the incident?			
	Yes	No	If yes, name the witness(es):
What was your reaction to the incident?			
How do you feel this grievance should be resolved?			
I assert that all of the information presented is accurate and true to the best of my knowledge. _____ <i>Signature of complainant</i>			Date: