

Coahoma Community College

EMPLOYEE GRIEVANCE FORM

This form is to be used if the grievant is not satisfied with the oral decision of his or her immediate supervisor at the first step of the grievance procedure. This form will be completed at each subsequent step to which the grievance is advanced. If a grievant is settled orally with the immediate supervisor, this form should not be used.

Name		Date	
Mailing Address		Date of Incident	
Position		Telephone No.	
Department		Supervisor	

Grievance Statement

(READ CAREFULLY)

Briefly describe the details of the complaint and indicate how the college has violated its policy(s). The evidence should include relevant facts and documentation directly related to the complaint. Indicate the time frame in which the violations referenced in the complaint occurred.

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What subsequent actions did you take?

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What actions did you take to resolve the matter?

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What would you like to see happen as a resolution to this matter?

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Grievant's Signature			
Decision of Immediate Supervisor			
Supervisor's Signature		Date	
Employee's Answer	I am satisfied with the answer to my grievance.		
	I am not satisfied with the answer to my grievance and wish to have it advanced to the next step.		
Second Step Reply to the Employee Grievance Next Level			
Supervisor's Signature		Date	
Employee's Answer	I am satisfied with the answer to my grievance.		
	I am not satisfied with the answer to my grievance and wish to have it advanced to the next step.		
Third Step Reply to Employee Grievance, Next Level			
President's Signature		Date	