

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 grievance is settled orally with the immediate supervisor, this form should not be used.

Name		Date	
Mailing Address		Telephone No.	
Position		Department	

**Grievance Statement
(Include identity of grievant and witnesses, if any.)**

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Relief Sought

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Grievant's Signature

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Decision of Immediate Supervisor

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Supervisor's Signature

	Date	
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Employee 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.

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**Second Step
Reply to Employee Grievance, Next Level**

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Supervisor's Signature		Date	
Employee 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**

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Supervisor's Signature		Date	
Employee 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.		