



Employee Grievance Form B

Complainant Information – Complete and sign the form and deliver to the Director of Human Resources.

Date of Notice of Appeal:

Complainant Name:

ID Number:

Complainant Address:

Complainant E-Mail:

Complainant Phone 1:

Complainant Phone 2:

Signature:

Reasons for Appeal of Hearing Committee Decision - Provide a description of the objection(s) to the finding(s), conclusion(s), or recommendation(s) of the hearing committee. Attach additional pages as necessary.

For Human Resources Use Only

Date Forwarded to President:_____

HR Director Signature:_____

Comments: