

Employee Grievance Form

This form is to be used by full-time employees of the College to initiate the formal employee grievance process. Employee grievances follow the College Policy and Procedure 3.06, which may be found on the College's web site at <http://www.slcc.edu> or may be picked up in person from the Human Resources Office. Upon completion, return this form to the Human Resources Office, Administration Building Room 160. Note – Strict timelines apply to this process.

The employee grievance procedure defines a grievance as “*Concern(s) over violation or application of personnel policies or practices; working conditions; employee-supervisor relationships; disciplinary actions, or termination. Grievances are considered private and confidential.*”

Grievant (Name): _____ Date: _____

Job Title: _____ Department: _____

Work Phone Number: _____

Step 1 Informal Procedure

Date grievance was informally discussed with 1st level supervisor: _____

1st Level Supervisor's Name: _____

Date grievance was informally discussed with 2nd level supervisor: _____

2nd Level Supervisor's Name: _____

Note: The employee grievance policy and procedure require you to discuss your issues with your 1st and 2nd level supervisor prior to filing a formal grievance.

Step 2 Mediation (check one box)

[] Yes, I would like to request mediation to help resolve my concerns.

[] No, I request to go directly to the grievance hearing committee.

Note: Mediation is a voluntary process that provides individuals in conflict with opportunity to identify issues, consider options, and arrive at a mutual agreement. Trained mediators will facilitate open, effective communication to help disputing parties reach agreement. Essential to the process is the mediator's ability to maintain neutrality. Both parties agree in writing to mediate prior to entering the mediation process. Mediation is considered private and confidential.

Statement of grievance(s). List the concern(s) you have, the College policies and procedures believed to have been violated, names, dates, etc., be specific (attach additional pages as needed).

Remedy requested. State what action you believe could be taken, that you feel would resolve your concern(s).

I affirm that I have read the above and believe the events to be true to the best of my knowledge.

Employee Signature: _____ Date: _____

Address: _____ City, State, Zip: _____

For Human Resources Use Only

Date grievance was received by the Human Resources Office: _____

Mediator Assigned, if selected: _____