

**APPENDIX B  
GRIEVANCE PROCEDURE FORM**

**If this grievance is on behalf of the Association and not an individual member, please check the grievance starting level: Informal Level 1                      Formal Level 1                      Formal Level 2**

**INFORMAL LEVEL 1:**

Date Informal Meeting Requested: \_\_\_\_\_ Meeting Requested By: \_\_\_\_\_

Supervisor Receiving Request: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Informal Meeting Occurred: \_\_\_\_\_ Location of Informal Meeting: \_\_\_\_\_

Attendees at Informal Meeting:

I am satisfied with the result(s) of the informal meeting.

I am not satisfied with the informal meeting result(s) and elect to file a Formal Level 1 grievance.

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Grievant receives original response; supervisor retains a copy for their records; forward a copy to the Human Resources Department & a copy to the Association.*

**FORMAL LEVEL 1:**

Grievant Name: \_\_\_\_\_ Grievant Position Title: \_\_\_\_\_

Grievant Department: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

*Please describe the nature of your grievance, to include date incident occurred and contract article(s) allegedly violated. Include all relevant details, including names of individuals involved, dates, or additional support documentation. Attach additional pages if needed.*

*Please state the adjustment or settlement you are seeking to resolve your grievance.*

Grievant Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

**FORMAL LEVEL 1 cont.**

Immediate Supervisors Response:

*Attach additional pages as needed.*

Supervisor Signature: \_\_\_\_\_ Grievant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date Received: \_\_\_\_\_

I am satisfied with my supervisor's response.

I am not satisfied with my supervisor's response and request a Formal Level 2 review.

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Grievant receives original response; supervisor retains a copy for their records; forward a copy to the Human Resources Department & a copy to the Association.*

**FORMAL LEVEL 2:**

Meeting Date: \_\_\_\_\_ Meeting Location: \_\_\_\_\_

Attendees at Meeting:

Higher Level Administrator's Response:

Administrator Signature: \_\_\_\_\_ Grievant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date Received: \_\_\_\_\_

*\*Grievant receives original response; supervisor retains a copy for their records; forward a copy to the Human Resources Department & a copy to the Association.*

I am satisfied with the Level 2 grievance response.

I am not satisfied with the Level 2 grievance response and request a Formal Level 3 Special Conference

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORMAL LEVEL 3:**

Special Conference Date: \_\_\_\_\_

Attendees at Special Conference:

Administrator Signature: \_\_\_\_\_ Grievant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date Received: \_\_\_\_\_

*\*Grievant receives original response; supervisor retains a copy for their records; forward a copy to the Human Resources Department & a copy to the Association.*

I am satisfied with the Special Conference outcome.

I am not satisfied with the Special Conference outcome and request a Formal Level 4 Arbitration.

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FORMAL LEVEL 4:**

Date Submitted to Arbitration: \_\_\_\_\_

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_