

# Employee Grievance Form



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_

My Grievance is: \_\_\_\_\_  
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Proposed Resolution: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Grievance Committee Conclusion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present a written grievance to the Director of Human Resources. You may use this form as a guide and send an email to the Director of Human Resources, at [kmiller@bioscorp.com](mailto:kmiller@bioscorp.com). The Director of HR may appoint a Grievance Advisory Committee comprised of a senior staff member, i.e. Division Director, Area Director, Lead Program Coordinator, and an employee of a comparable level position to the aggrieved employee. After all available facts have been determined and conclusions drawn, recommendations will be presented to the CEO for his decision, which shall be **final**. In all cases the CEO makes the final decision concerning an employee appeal of any decision.

\_\_\_\_\_  
Signature      Date