

Employee Grievance Form

Grievant Information

Employee Name: _____ Date _____

Job Title: _____ Date of Hire: _____

Home Mailing Address: _____

Phone Number: _____

**Must supply mailing address. All written correspondence will be mailed certified mail to the employee's current address on file with the WETCC.*

***E-mail will not be accepted from any person(s) involved in the grievance. All correspondence must be in writing or in person to the appropriate staff as listed in the policy.*

Grievance Process:

Employees are expected to follow normal Administrative channels in presenting their grievance so that their problems will be settled whenever possible at the supervision level.

Step one: Informal Resolution*

An Employee shall present an appeal to his/her immediate supervisor for discussion.

Step Two: Administrative Resolution*

The employee must reduce the grievance to writing and submit it to the president. The written grievance must:

1. Identify the specific management act(s) to be reviewed;
2. State the date(s) of the act(s);
3. Specify how the employee was adversely affected;
4. List the section(s) and specific provision(s) of these policies alleged to have been violated and how the provision were violated; and
5. Specify the remedy requested.

Any grievance that does not include these essential elements may be rejected.

Step Three: Board of Trustees Resolution*

The employee may submit an appeal to the Chair of Trustees if step two has not resolved the issue.

*Please refer to the Personnel Policy Manual for complete information regarding the grievance procedures.

Date, time and place of event leading to grievance:

Attach additional sheet if necessary

Detailed account of occurrence (include names of persons involved, if any):

Please state policies, procedure, or guidelines that you feel have been violated:

Proposed solution to the grievance:

The grievant should retain a copy of this form for his/her records. The signature below indicates that you are filing a grievance, and any information on this form is truthful.

Employee Signature Date

Supervisor Signature Date

President Signature (If Step two is taken) Date

Council of Trustees Chairperson (If proceeding to step three) Date

Human Resources Signature Date

A copy of all grievances will be sent to Human Resources for follow up and review.