



## GRIEVANCE FORM

EMPLOYEE'S NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DIRECTOR: \_\_\_\_\_

(Please attach additional sheet(s) if necessary.)

### NATURE OF GRIEVANCE:

---

---

---

### WORK RULES/REGULATIONS YOU FEEL HAVE BEEN VIOLATED:

---

---

---

### RELIEF OR REMEDY YOU ARE SEEKING:

---

---

---

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

---

### SUPERVISOR'S RESPONSE:

---

---

---

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

*Satisfied with Response*    *Not Satisfied with Response*   *Employee's Initials:* \_\_\_\_\_

**Department Director's Response:**

---

---

---

---

\_\_\_\_\_  
Dept. Director's Signature

\_\_\_\_\_  
Date

*Satisfied with Response*    *Not Satisfied with Response*   *Employee's Initials:* \_\_\_\_\_

---

**Human Resources Director Response/Recommendation:**

---

---

---

---

\_\_\_\_\_  
Human Resources Director's Signature

\_\_\_\_\_  
Date

*Satisfied with Response*    *Not Satisfied with Response*   *Employee's Initials:* \_\_\_\_\_

---

**Parish President's (or designee's) Response/Recommendation:**

---

---

---

---

---

\_\_\_\_\_  
Parish President's Signature

\_\_\_\_\_  
Date