

Alfred University

HUMAN RESOURCES & PAYROLL SERVICES

GRIEVANCE FORM

Complainant Name: _____

Date: _____

Department: _____

Supervisors Name: _____

Date, time, and place of event leading to complaint:

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

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

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Proposed solution to complaint:

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The grievant should retain a copy of this form for his/her records. The signature below indicates that you are a filing a complaint, and any information on this form is truthful. Please return this signed form to Human Resources.

Complainant Signature

Date

Received by

Date