

James Sprunt Community College

JSCC Employee Grievance Form

(Each party required to initial beside date acknowledging receipt of completed form)

Date Received by Supervisor: _____

Date Received by HR: _____

Date Received by Vice President: _____

Date Received by President _____

All employees should make every effort to resolve a presumed grievance via conversation with the person or persons involved prior to setting in motion the grievance procedure. The College encourages employees who have problems to talk out these differences and make every effort to come to a mutually satisfactory understanding before involving the wider college community in the grievance procedure. Supervisors will make every effort to assist with such attempts.

Employee's Name: _____ Department: _____

Job Title: _____ Date of Event or Condition: _____

Date Discussed with Supervisor: _____ Date Discussed with Supervisor's Supervisor: _____

Specific statement of grievance:

Incidents and/or facts supporting claim of grievance: (Attach additional sheets if necessary.)

Requested solution or remedy:

Particular area of disagreement with decision of supervisor(s):

Employee's Signature: _____ Date: _____

(Employee should keep a copy of this form and give a copy to his/her supervisor.)