|  |
| --- |
| **VIRGINIA COMMONWEALTH UNIVERSITY****UNIVERSITY and ACADEMIC PROFESSIONALS** **EMPLOYEE GRIEVANCE FORM** |

|  |
| --- |
| ***University and Academic Professionals filing a grievance should consult the Dispute Resolution Guidelines (insert link) and should also consult with VCU Human Resource Employee Relations 804-828-1510. Grievances must be submitted within 30 calendar days of the date the employee knew or should have known of the issue being grieved.***  |
| **Employee’s Full Name:** | **Job Title:** |
| **School/Division** | **Name of Supervisor****Supervisor Contact Info** |
| **Home Address:** | **Work Telephone No.****( ) - ext.** **Work E-mail Address:** | **Home Telephone No.****( ) -****Home E-mail Address:** |
| **Date Action Occurred:** | **Informal Dispute Resolution Competed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Type \_\_\_\_\_\_\_\_ One-on-One Meeting** **\_\_\_\_\_\_\_\_\_ Facilitated Discussion** **\_\_\_\_\_\_\_\_\_ Mediation** |
| **The issues are** (use attachments if necessary): |
| **The facts supporting this are** (use attachments if necessary): |
| **The outcome I want is** (use attachments if necessary): |
| **Date:** | **Employee’s Signature:** |
|  |
| **If you wish to file this grievance with VCU HR Employee Relations due to discrimination, harassment or retaliation by your immediate supervisor, please initial here \_\_\_\_\_\_\_.** |

|  |  |
| --- | --- |
|  | **Level One** |
|  | **Date Received:** |  |
|  | **Response** (use attachments if necessary): |
|  | **Date:** | **Level One Administrator’s** **Signature:** | **Telephone No.:** **( ) - ext.**  |
|  | **Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Employee’s response (check one):**** I conclude my grievance and am returning it to the VCU Human Resources Office.**  | ** I advance my grievance to the second level.** |
|  | **Employee’s comments (optional - [**use attachments if necessary])**:** |
|  | **Date:** | **Employee’s Signature:** |
|  | ***NOTE: The employee must deliver this form to the proper person or office within ten (10) business days of receiving the Level One response.*** |
|  |  |
|  | Insert VCU logo here |
|  | **Level II** |
|  |  |
|  | **Date Received:** | **Date of Meeting:** |
|  | **Response** (use attachments if necessary): |
|  | **Name of Level II Administrator** |
|  | **Date:** | **Level II Administrator****Signature:** | **Telephone No.:** **( ) - ext.** |
|  | **Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Employee’s response (check one):**** I conclude my grievance and am returning it to the VCU Human Resources Office.**  | ** I advance my grievance**  |
|  | **Employee’s comments (optional - [**use attachments if necessary])**:** |
|  | **Date:** |  | **Employee’s Signature:** |
|  | ***NOTE: The employee must deliver this form to the proper person or office within ten (10) business days of receiving the Level Two response.*** |

|  |  |
| --- | --- |
|  | **Level III – Panel Review** |
|  | **Date Received:** |  |
|  | **\_\_\_\_\_\_\_\_ Grievance qualifies for a Panel Review Hearing** **\_\_\_\_\_\_\_\_ Grievance does not qualify for a Panel Review Hearing** |
| **Date:** | **VCU HR** **Signature:** | **Telephone No.:** **( ) - ext.** |
|  | **Panel Convened \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Panel Hearing Date \_\_\_\_\_\_\_\_\_\_\_****Panel Recommendation – See attached** **Date:****CHRO Decision – See attached** **CHRO Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date:** |  |
|  |  |
|  | **Date:** |  | **Employee’s Signature:** |
|  |  |
|  |  |