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

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| ***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 \_\_\_\_\_\_\_.** | | | | |

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|  | | | **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.*** | | | | | | | | | | | | |

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|  | **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:** | | | |
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|  |  | | | | | |