

Employee Appeal/Grievance Form

Date: _____

I was Dismissed

I was Suspended

I was Demoted

I do not agree with my service rating

I received a letter of reprimand

I have a problem with my supervisor or fellow employee

Tell your boss what happened in the space below:

When did this happen?

What do you want him/her to do to help?

Print Name

Job Title

Signature

Where do you work?

Email Address

Phone Number

Address