



Employee Grievance Form

It is AJU’s policy to investigate all grievances and take appropriate action. Please use this form to document your complaint, and submit it to the Office of Human Resources. If you need assistance completing the form, please see the Human Resources Coordinators.

Employee Name: _____ **Date of Grievance:** _____

The person(s) involved in this grievance is/are: _____

The person(s) witness to this grievance is/are: _____

Grievance Summary Directions: On a separate, attached document, provide a brief description of the grievance. Explain the matter in detail, writing legibly or in type, including a complete summary of information in a signed written statement. *Please note that your statement must include your printed name, signature and date at the bottom of the summary.*

Your summary should include, but is not limited to the following information:

- Indicate the date(s) when the incident occurred and with whom you have met with and the result of that meeting.
- Have you made an attempt to resolve this grievance with the individual or department supervisor?
 - Yes No

If yes, state when and describe the outcome.

If no, explain why.

- What is the resolution you are seeking?

If you have any supporting documentation, please attach. Note that documentation submitted will not be returned.

Employee Attestation

It may become necessary to disclose your identity and/or grievance, as well as to conduct a formal investigation. Should such a disclosure become necessary, it will only be with person(s) who need to know identity, details and/or nature of the grievance.

I acknowledge that I have read this document and understand my obligation to provide information as needed and to cooperate fully and completely with any investigation related to this grievance should it become necessary.

I hereby declare that the information I have shared on this form and in my attached summary is truthful, accurate and complete to the best of my knowledge.

I authorize AJU to disclose my identity and/or details of this grievance.

Employee Name: _____

Signature: _____ **Date** _____

Resolution – To Be Completed by the Office of Human Resources

Date grievance was reported	
Resolution or Referral	
Date grievance was referred or resolved	