

INCOMPLETE FORMS WILL NOT BE ACCEPTED.

EMPLOYEE GRIEVANCE PROCEDURE FORM

COASTAL CAROLINA UNIVERSITY GRIEVANCE PROCEDURE

*(Note to Grieving Party: This document must be submitted to the Office of Human Resources and Equal Opportunity within 14 calendar days of the effective date of the appealable adverse action or 14 calendar days from when the employee was notified of the action, whichever is later. Questions with an *are required to be answered.)*

*GRIEVANT'S NAME: _____

*GRIEVANT'S DEPARTMENT: _____

*GRIEVANT'S SUPERVISOR: _____

GRIEVANT CONTACT INFORMATION (Please print clearly):

*MAILING ADDRESS: _____

HOME ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

TIME IS OF THE ESSENCE IN PROCESSING GRIEVANCE PETITIONS. IDENTIFY THE MOST EXPEDIENT WAY TO CONTACT THE GRIEVANT DURING THE COURSE OF THE GRIEVANCE (i.e. cell phone, email, etc.).

Preferred Contact 1: _____

Preferred Contact 2: _____

*I. Identify in detail the basis for your grievance including the specific **adverse employment action** you are grieving. (If you need additional space or have additional documents that you believe support your grievance petition, please attach.)

*II. Effective date of the **adverse employment action**:

*III. List any witnesses to the incidents or actions identified in paragraph I above:

*IV. Identify the relief you are requesting from Coastal Carolina University:

*V. Identify the total number of pages you are submitting as part of this Grievance

Petition: _____.

I certify that the information contained in this Grievance Petition is true and accurate to the best of my knowledge.

***Grievant's Signature**

Date