



CMCSS Employee Grievance Form
Pursuant to HUM-A051 and HUM-P022

Name: _____ Work Site: _____

Phone: _____ Email: _____

Job Title: _____

Date of alleged violation(s): _____ Date Grievance filed: _____

Nature of Grievance: (See [HUM-P022](#) Section 5.2 and 5.3)

Specific Relief Sought: (See [HUM-P022](#) Section 5.5)

Is this grievance regarding your supervisor? ____ If so, will you be requesting to have a professional organizational representative attend the problem solving/resolution meeting(s)? ____

Date of meeting with Principal/Supervisor (See [HUM-P022](#) Section 5.4): _____

Name of Principal / Supervisor: _____

For Human Resources Use Only

Date Received: _____ Date Meeting Held: _____

Name of HR Mediator: _____

Summary of Conference: _____

