



## Employee Grievance Form

*The College encourages the resolution of issues on an informal basis whenever possible. A grievance is defined as, and limited to, allegations that a specific personnel policy, and/or administrative procedure (AP) has been or is being misapplied, misinterpreted, or not applied in such a way that the grievant's working conditions have been adversely affected. For additional information, please see the Employee Handbook section on Grievance Policy.*

### Grievant or Grievant Group Information

#### Contact Information

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Work Email Address \_\_\_\_\_

Campus/Location \_\_\_\_\_ Mail Code \_\_\_\_\_

- OR -

Street/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**If Grievant Group, Additional Participants** (employees who agree to consolidate their individual grievances into a single grievance):

\_\_\_\_\_  
\_\_\_\_\_

#### Grievant Group Contact Information

\_\_\_\_\_  
\_\_\_\_\_

**Respondent** (who made the decision that you feel was not correct under a policy or procedure):

\_\_\_\_\_

#### Informal Resolution

Have you attempted to resolve this issue informally (i.e. discussed with your level one supervisor)?

Yes  No

If yes, what actions did you take and what was the outcome?

**Grievance Basis**

What is the policy or procedure that you feel was not followed or has been incorrectly interpreted or applied?

**Provide the facts surrounding the grievance**

(What was the decision you feel was improper; how was the decision improper; what was the adverse impact on your working conditions) (Attach applicable documentation when submitting form.)

**Provide the name(s) of any witnesses and their contact information, if known.**

**Describe the remedy you are requesting.**

**Grievant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Appeals**

If the grievant, grievant group or respondent (the appellant) is not satisfied with the decision the appellant may appeal the decision. Please see the Employee Handbook, Grievance Procedure for information regarding the steps to file an appeal.

**Submit this form and any attachments to:**

Office of Dispute Resolution • District Office  
4905C E. Broadway Blvd, Room 208 • Tucson, AZ 85709 • Fax (520) 206-4593 • resolution@pima.edu

If you have questions regarding this form, the grievance process or appeals please contact:  
Office of Dispute Resolution at (520) 206-4686 or resolution@pima.edu.

**For Office of Dispute Resolution use only.**  
Received:

  
  

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_