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| **TRIUMPH PUBLIC HIGH SCHOOLS****STUDENT ALTERNATIVES PROGRAM, INC.****GRIEVANCE RESOLUTION FORM** |
| Name:  | Campus/Site:  |
| Title:  | Date of Hire:  |
| Immediate Supervisor:  |
| Second-Level Supervisor:  |
| Provide all the information requested below. Attach additional pages if necessary.  |
| 1. What happened? (Objectively state details and provide a description of the nature of the Issue/grievance.)  |
| 2. Who was involved? (Include witnesses) |
| 3. Where and when did it take place? |
| 4. Why do you think this situation constitutes a valid complaint? (Violation of law or policy, unjust treatment, an unfair, management decision, etc.) |
| 5. What possible relief is being sought to resolve the grievance? (use attachments if necessary) |
| Employee ‘s Signature: | Date: |
| Supervisor’s Signature | Date: |
| Witness (optional) | Date: |