|  |  |  |
| --- | --- | --- |
| **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: |