



Employee Grievance Form

Disclaimer	I understand that I have the right to make this complaint and express my concern and complaints without fear of retaliation. I also understand that a CSC Admin staff will give me a timely response within 24-48 hours of receiving this complaint. After the review my issue will be resolved in a timely manner.		
Name		ALU Address	
Phone #		Date of Complaint	
Coordinator		Employee Handbook Available	Yes No
My Complaint is regarding	<input type="checkbox"/> My Coworker <input type="checkbox"/> My Supervisor <input type="checkbox"/> My Hours <input type="checkbox"/> My Benefits <input type="checkbox"/> Other		
Please describe your concern			

Do you want us to keep you informed on the progress of your complaint? Yes No

Section for Office Use Only	
Date the complaint was received and By ?	
Actions taken & Concern was resolved on?	
Follow up with Employee completed on?	