

Western Dakota Tech Exhibit Number: 2014.Exhibit.001

GRIEVANCE

- I. **Exhibit Title** – Grievance Form
- II. **Exhibit Contact** – Director of Human Resources
- III. **Exhibit** - See Exhibit on next page

Legal References: None

Board Approved 1/21/2020; Committee Reviewed 8/5/2020

GRIEVANCE FORM

GRIEVANCE DOCUMENTATION

Name of Aggrieved _____ Work Location(s) _____

Date(s) of Occurrence(s) _____ Date Filed _____

Has the grievance been processed at the Informal Level? Yes _____ No _____

Statement of the Grievance (use additional pages as necessary):

Provision of Policies Involved:

Requested Resolution:

Signature of Aggrieved: _____ Date: _____



GRIEVANCE PROCESS - LEVEL ONE Received: Date _____ Initials _____

Vice President Decision (i.e. denied, agreed, alternative resolution):

Vice President Signature: _____ Date: _____

To be completed by the aggrieved:

() I agree with the administrator/supervisor decision.

() I do not agree with the administrator/supervisor decision.

Aggrieved comments:

Signature of Aggrieved: _____ Date: _____



GRIEVANCE PROCESS - LEVEL TWO Received: Date _____ HR Office _____

President/Designee Decision (i.e. denied, agreed, alternative resolution):

President/Designee Signature: _____ Date: _____

To be completed by the aggrieved:

() I agree with the administrator/supervisor decision.

() I do not agree with the administrator/supervisor decision.

Aggrieved comments:

Signature of Aggrieved: _____ Date: _____

