

Western Dakota Technical College Exhibit Number: 9040.Exhibit.01

GRIEVANCE

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

Legal References: None

Board Approved 1/21/2020; Committee Reviewed 8/5/2020; Board Approved 5/11/2022; Committee Reviewed 7/9/2024

GRIEVANCE FORM

GRIEVANCE DOCUMENTATION – INFORMAL LEVEL

Name of Aggrieved _____ Work Location(s) _____
Date(s) of Occurrence(s) _____ Date Filed _____
Date of First Meeting _____ Meeting with All Parties? Yes _____ No _____
Date of Meeting with All Parties (if needed) _____
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 _____ HR Office _____
Designated VP: _____ Date of Meeting: _____
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 _____
Date of President Notification: _____ Date of Meeting: _____
President/Designee Decision (i.e. denied, agreed, alternative resolution):

President/Designee Signature: _____ Date: _____

*Signature of Aggrieved: _____ Date: _____

*Signature by aggrieved only indicates that they have been informed of the decision.