



444 Appleyard Drive
 Tallahassee, Florida 32304-2895
 850.201.6200 | www.tcc.fl.edu

EMPLOYEE GRIEVANCE FORM

COMPLAINANT INFORMATION

You must complete all applicable sections before submitting. Employee Relations can assist you with completing this form. Please contact the Human Resources Office at 850-201-8510 for assistance.

EMPLOYEE NAME	DATE FORM SUBMITTED
PREFERRED PHONE	PREFERRED EMAIL
JOB TITLE	EMPLOYEE ID
DEPARTMENT	WORKPLACE MAILING ADDRESS

GRIEVANCE DETAILS

DATE, TIME, AND LOCATION OF EVENT	WITNESSES (if applicable)
Be sure to include date(s) of the incident(s), specific location(s), and any supporting details.	Please include names, job titles, and contact information for those with personal knowledge of the incident or alleged conduct.
BASIS OF COMPLAINT	VIOLATIONS
Provide a detailed account of the occurrence. Include the names of any additional persons involved.	Provide a list of any policies, procedures, or guidelines you believe have been violated in the event described.

PROPOSED SOLUTION

Please provide several possible solutions that you believe would resolve the situation as described in your complaint

GRIEVANCE PROCEDURE

Have you reviewed The District Board of Trustees Grievance Policy (1340, 3340)?

Yes

No

Have you filed your grievance at Step One of the process as identified in the Grievance Policy?

Yes

No

If not, in accordance with College Policy, please file your grievance with your current supervisor. If the grievance could not be resolved at the supervisor level, you may file the grievance at Step Two, which is an appeal to Human Resources.

If filed at Step One, what was the decision made by the supervisor or next level supervisor?

SIGNATURES

Please retain a copy of this form for your own records. By submitting this complaint below, I certify that the information given in this complaint is true and correct to the best of my knowledge or belief. I understand I may be contacted by Human Resources to discuss my concerns.

EMPLOYEE SIGNATURE

DATE