

GRIEVANCE FORM

Archdiocese of Galveston-Houston

Employee's Name _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ - _____ Department/Organization/Parish/School _____	Level (Please check block): <input type="checkbox"/> 1 <input type="checkbox"/> 2 } Documentation from } previous level(s) <u>must</u> <input type="checkbox"/> 3 } accompany this form
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GRIEVANCE PRESENTED TO:

NATURE OF GRIEVANCE:

DETAILS:

REMEDY SOUGHT BY EMPLOYEE:

In submitting this grievance, I certify that I have attempted to resolve this through conciliation.

Employee's Signature - _____ Date - _____

Grievance received by - _____ Date - _____

DECISION:

Signature _____ Date - _____

Signature _____ Date - _____

