### COMMONWEALTH OF VIRGINIA

## **EMPLOYEE GRIEVANCE PROCEDURE**

**GRIEVANCE FORM A (rev. July. 1, 2020)** 

### I. Grievance

Employee's Full Name:		Job Title:			
Agency Name:			Facility Name:		
Home Address:		Work Teleph	one No.	Home Telephone No.	
		( ) Work E-mail	- ext. Address:	( ) - Home E-mail Address:	
Date Grievance Occurred:		Role Title:			
The issues are (use attachmen	its if necessary):	<u></u>			
The facts supporting this are	(use attachments if necessary):				
The relief I want is (use attach	ments if necessary):				
Date:	Employee's Signature:				
Grievance Procedure Manual,	d within 30 calendar days of the dat available on EDR's website, contai ent Dispute Resolution (EDR) if you h	ins complete i	nstructions for initiatin	e known of the issue being grieved. The ng, processing, and pursuing grievances.	

## II. First Resolution Step

Date Received:			
Response (use attachments if necessary):			
Date:	First Step	Telephone No.:	
	Respondent's	() - ext.	
	Signature:		
Date Received:			
Employee's response (check one):			
I conclude my grievance and am returning it to the Human Resources Office. I advance my grievance to the second step.			
Employee's comments (optional - [use attachments if necessary]):			
Date:	Employee's Signature:		
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.			
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#### OFFICE OF EMPLOYMENT DISPUTE RESOLUTION 101 N. 14<sup>th</sup> Street, 12<sup>th</sup> Floor • Richmond, Virginia 23219 804-786-7994 • Toll Free 888-232-3842 • Fax 804-786-1606 • Email <u>EDR@dhrm.virginia.gov</u>

804-786-7994 • 1011 Free 888-232-3842 • Fax 804-786-1606 • Email <u>EDR@dnfr</u> www.dhrm.virginia.gov/edr

# III. Second Resolution Step

Date Received:		Date of Meeting:			
Response (use a	attachments if necessary):				
Date:	Second Step Respondent's Signature:	Telephone No.: ( ) - ext.			
	ponse (check one):				
I conclude my grievance and am returning it to the Human Resources Office. I advance my grievance to the third step.					
Date:	Employee's Signature:				

## **IV.** Third Resolution Step

Date Received:					
Response (use attachm	Response (use attachments if necessary):				
Date:	Third Step	Tele	phone	e No.:	
	Respondent's	(	)	- ext.	
	Signature:	-	-		
Date Received:					
Employee's response (check one):					
I conclude my grievance and am returning it to the Human Resources Office. I proceed to the next step and request qualification of my grievance for hearing.					
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Employee's comments (optional - [use attachments if necessary]):					
Date:	Employee's Signature:				
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.					

# V. Qualification for Hearing/Agency Head

Qualified for a Hearing:			
Grievance is qualified in full.			
Grievance is qualifie	Grievance is qualified only in part, as described by agency head below (or in an attachment).		
Grievance is not qualified.			
Reasons (use attachments if necessary):			
Date:	Agency Head's		
	Signature:		
Date Received:			
Employee's response (check one): I conclude my grievance and am returning it to the Human Resources Office.			
I appeal the agency head's qualification decision and ask the Human Resources Office to forward the grievance record to EDR. (All qualified issues will proceed to hearing following issuance of a qualification ruling by EDR).			
[If partial qualification] I waive any further right of appeal on any unqualified issues and ask the agency to request appointment of a hearing officer.			
Employee's comments (optional - [use attachments if necessary]):			
Date:	Employee's Signature:		
NOTE: This form must be returned to the Human Resources Office within five workdays after receipt of the agency head's qualification decision. The agency will retain the original.			

 $\overleftrightarrow$  If the agency is not in compliance, a written notice must be sent to the agency head  $\overleftrightarrow$