

COMMONWEALTH OF VIRGINIA

EMPLOYEE GRIEVANCE PROCEDURE

GRIEVANCE FORM A

I. Grievance

| | | | |
|---|--|---|--|
| Employee's Full Name: | | Job Title: | |
| Agency Name: | | Facility Name: | |
| Home Address: | Work Telephone No. () - ext. Work E-mail Address: | Home Telephone No. () - Home E-mail Address: | |
| Date Grievance Occurred: | Role Title: | | |
| The issues are (use attachments if necessary): | | | |
| The facts supporting this are (use attachments if necessary): | | | |
| The relief I want is (use attachments if necessary): | | | |
| Date: | Employee's Signature: | | |
| <p><i>Grievances must be submitted within 30 calendar days of the date the employee knew or should have known of the issue being grieved. The <u>Grievance Procedure Manual</u>, available on EEDR's website, contains complete instructions for initiating, processing, and pursuing grievances. Contact the Office of Equal Employment and Dispute Resolution (EEDR) if you have any questions.</i></p> | | | |
| <p>Check if you decided not to present this grievance to your immediate supervisor because (check one):</p> <p><input type="checkbox"/> Discrimination or Retaliation by Immediate Supervisor</p> <p><input type="checkbox"/> Grieving disciplinary action issued by someone other than Immediate Supervisor</p> | | | |

II. First Resolution Step

| | | |
|---|------------------------------------|------------------------------|
| Date Received: | | |
| Response (use attachments if necessary): | | |
| Date: | First Step Respondent's Signature: | Telephone No.: () - ext. |
| Date Received: _____ | Employee's response (check one): | |
| <p><input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office. <input type="checkbox"/> I advance my grievance to the second step.</p> | | |
| Employee's comments (optional - [use attachments if necessary]): | | |
| Date: | Employee's Signature: | |
| <p>NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.</p> | | |

Grievance Form A, Rev. 7/1/2017



OFFICE OF EQUAL EMPLOYMENT AND DISPUTE RESOLUTION
 101 N. 14th Street, 12th Floor • Richmond, Virginia 23219
 804-786-7994 • Toll Free 888-232-3842 • Fax 804-786-1606 • Email EDR@dhrm.virginia.gov
www.dhrm.virginia.gov/edr

III. Second Resolution Step

| | | | |
|--|-------------------------------------|--|------|
| Date Received: _____ | | Date of Meeting: _____ | |
| Response (use attachments if necessary): | | | |
| Date: | Second Step Respondent's Signature: | Telephone No.: () - | ext. |
| Date Received: _____ | | | |
| Employee's response (check one): | | | |
| <input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office. | | <input type="checkbox"/> I advance my grievance to the third 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. | | | |

IV. Third Resolution Step

| | | | |
|--|------------------------------------|--|------|
| Date Received: _____ | | Date of Meeting: _____ | |
| Response (use attachments if necessary): | | | |
| Date: | Third Step Respondent's Signature: | Telephone No.: () - | ext. |
| Date Received: _____ | | | |
| Employee's response (check one): | | | |
| <input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office. | | <input type="checkbox"/> I proceed to the next step and request qualification of my grievance for hearing. | |
| 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

| | | | |
|---|--------------------------|------------------------|--|
| Date Received: _____ | | Date of Meeting: _____ | |
| Qualified for a Hearing: | | | |
| <input type="checkbox"/> Grievance is qualified in full. | | | |
| <input type="checkbox"/> Grievance is qualified only in part, as described by agency head below (or in an attachment). | | | |
| <input type="checkbox"/> Grievance is not qualified. | | | |
| Reasons (use attachments if necessary): | | | |
| Date: | Agency Head's Signature: | | |
| Date Received: _____ | | | |
| Employee's response (check one): | | | |
| <input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office. | | | |
| <input type="checkbox"/> I appeal the agency head's qualification decision and ask the Human Resources Office to forward the grievance record to EEDR. (All qualified issues will proceed to hearing following issuance of a qualification ruling by EEDR). | | | |
| <input type="checkbox"/> [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. | | | |

↙ If the agency is not in compliance, a written notice must be sent to the agency head ↘