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| **COMMONWEALTH OF VIRGINIA**  **EMPLOYEE GRIEVANCE PROCEDURE**  **GRIEVANCE FORM A – Dismissal Grievance** |

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| (Submit completed form to EEDR at contact information below.) | | | | |
| **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:** |
| **Dismissal Date:** | | | **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:** | | | |
| ***Grievances must be submitted within 30 calendar days of the date the employee knew or should have known of the issue being grieved. The Grievance Procedure Manual, 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.*** | | | | |
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| **Qualified for a Hearing: (to be completed by EEDR)**  **Grievance is qualified in full.**  **Grievance is qualified only in part, as described below (or in an attachment).**  **Grievance is closed.** | | | | |
| **Reasons** (use attachments if necessary): | | | | |
|  | | **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**](mailto:EDR@dhrm.virginia.gov)  [www.dhrm.virginia.gov/edr](http://www.dhrm.virginia.gov/edr) | | |

Grievance Form A – Dismissal Grievance, Rev. 7/1/2017