

COMMONWEALTH OF VIRGINIA
EMPLOYEE GRIEVANCE PROCEDURE
GRIEVANCE FORM A

I. Grievance

Employee's Full Name:		Employee ID No.:	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 Grievance Procedure Manual, available on EDR's website, contains complete instructions for initiating, processing, and pursuing grievances. Contact the Office of Employment Dispute Resolution (EDR) 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):		
<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.		
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. 7/1/2012



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

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:	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 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). <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 ↻