

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

(Submit completed form to EDR at contact information below.)

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:
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:	
<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>		

Qualified for a Hearing: (to be completed by EDR) <input type="checkbox"/> Grievance is qualified in full. <input type="checkbox"/> Grievance is qualified only in part, as described below (or in an attachment). <input type="checkbox"/> Grievance is closed.
Reasons (use attachments if necessary):



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