

Statement of Grievance

This form may also be used to report concerns about actions taken regarding the employee's employment status (such as probation, termination, suspension, academic freedom or an alleged violation of state or federal law sexual or racial harassment, ADA, etc.)

Employees are encouraged to informally resolve concerns, complaints and grievances at the lowest supervisory level. If a final decision is made by the supervisor that is not acceptable to the employee, the employee may submit this form to the Office of Human Resources. The form will be sent to the Executive Vice President, Vice President or AVP. The highest level supervisor will meet with the employee and attempt to resolve the employee's concerns.

Please review the Administrative Rule 6.08.005, Resolution of an Employee Complaint or Grievance and Guidelines on the ACC HR website at <http://austincc.edu/hr/vp/grievance.php> .

PART I **Please print information.**

Name of Employee		Date
ACC ID		
Department/Campus	Immediate Supervisor	
Grievance Filed Against (name of person)		Date of Occurrence
Is the grievance against your supervisor? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date, time and place you met with immediate supervisor to informally resolve this matter.		
Specifically describe concern(s) – if necessary please use a separate piece of paper to continue the description and attach to this form when complete.		
Resolution Requested		
Are you interested in mediation of this situation? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employee Signature	Email Address	Phone Number

PART II**Executive Response**

Date, time and place you met with parties involved to resolve this matter. Attach the memo written to the employee regarding the review process, decisions and outcome(s).	
Name (print)	Title
Signature	Date of Response

PART III**Grievant**

<input type="checkbox"/> I wish to discontinue my grievance.	<input type="checkbox"/> I accept recommendation	<input type="checkbox"/> I do not accept the decision and wish to request a Grievance Review Committee
Employee Signature		Date

Send this form (and any attachments) to the Office of Human Resources for processing. Final decisions are placed in the employee's master personnel file.

FOR HR USE ONLY: