

COMMONWEALTH OF VIRGINIA
EMPLOYEE GRIEVANCE PROCEDURE
GRIEVANCE FORM A

7/2000

I. Grievance

Employee's Full Name:		SSN: - -	Job Title:
Agency Code:	Agency Name:		Facility Name:
Home Address:		Work Telephone No. () - ext .	Home Telephone No. () -
Date Grievance Occurred:			
The issues are:			
The facts supporting this are:			
The relief I want is:			
Date:	Employee's Signature:		
<i>Grievances must be presented or mailed to the immediate supervisor within 30 calendar days with two exceptions. If the grievance alleges discrimination or retaliation by the immediate supervisor, the grievance may be submitted to the next level supervisor in the line of supervision. If the complaint involves termination, demotion, suspension without pay or lost wages, the grievance may be submitted to the second-step respondent under the expedited grievance process. The <u>Grievance Procedure Manual</u> contains complete instructions. The Department of Employment Dispute Resolution (EDR) may be contacted if questions arise.</i>			
Check if you decided not to present this to your immediate supervisor because (check one):			
<input type="checkbox"/> Discrimination or Retaliation by Immediate Supervisor			
<input type="checkbox"/> Expedited Process			

II. First Resolution Step

Date Received:		
Response:		
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 want the agency head to determine whether I have access to the grievance procedure.		
<input type="checkbox"/> I advance my grievance to the second step. <input type="checkbox"/> I want EDR to rule on whether I initiated my grievance in 30 calendar days.		
Employee's comments (optional):		
Date:	Employee's Signature:	
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.		



DEPARTMENT OF EMPLOYMENT DISPUTE RESOLUTION
 One Capitol Square, 830 East Main Street, Suite 400 • Richmond, Virginia 23219
 804-786-7994 • Toll Free 888-23-ADVISE • FAX 804-371-7318
www.edr.state.va.us

III. Second Resolution Step

Date Received:		Date of Meeting:	
Response:			
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 want the agency head to determine whether I have access to the grievance procedure.	
<input type="checkbox"/> I advance my grievance to the third step.		<input type="checkbox"/> I want EDR to rule on whether I initiated my grievance in 30 calendar days.	
Employee's comments (optional):			
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:			
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 want the agency head to determine whether I have access to the grievance procedure.	
<input type="checkbox"/> I request qualification of my grievance. (NOTE THAT ALL HEARING OFFICER DECISIONS ARE PUBLISHED IN AN UNREDACTED FORM.)		<input type="checkbox"/> I want EDR to rule on whether I initiated my grievance in 30 calendar days.	
Employee's comments (optional):			
Date:	Employee's Signature:		
IF QUALIFIED, I CONSENT TO PUBLICATION OF MY HEARING DECISION			
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

Qualified for a Hearing:	
<input type="checkbox"/> Yes and I request the appointment of a hearing officer (a copy of this form is to be sent directly to EDR)	
<input type="checkbox"/> No	
Reasons:	
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 decision and request the Human Resources Office to forward the grievance record to EDR. <input type="checkbox"/> I advance my grievance to hearing and am returning it to the Human Resources Office. (Only check if qualified by agency head)	
Employee's comments (optional):	
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 ↘