

INCA Community Services Employee Grievance Form

Employee's Full Name: _____

Job Title: _____ **Location:** _____

Date and Place Grievance Occurred: _____

STEP 1 - GRIEVANCE

The issues are (use attachment if necessary):	
The facts supporting this are (use attachments if necessary):	
The relief I want is (use attachment if necessary):	
Date:	Employee's Signature:
An employee with a grievance must present it in writing to his or her direct supervisor. The statement of the grievance must set out the events complained about and the requested remedy, must specify the policy and/or procedure which are alleged to have been violated, and must be signed by the employee. The grievance must be filed within five days after the event on which the grievance is based.	

Date Received:

Response (Use attachments if necessary):	
Date:	First Step Respondent's Signature:

Second Resolution Step Program Director

If the employees direct supervisor does not settle the grievance to the satisfaction of the employee within three days after it is presented to him, the employee may appeal the grievance in writing to his/her Program/Project Director. This second step must be taken within ten days after the events on which the grievance is based. The Program/Project Director shall have five days after the grievance is received to give an answer. If a written answer is not given within a five-day period, the grievance shall be deemed to be denied.

Date Response Received: _____

I wish to advance my grievance to the second step.

Employee's comments (optional - use attachments if necessary)	
Date:	Employee's Signature:

Date Received:	Date of Meeting:
Response (use attachments if necessary)	
Date:	Second Step Respondent's Signature:

Third Resolutions Step Grievance Review Board/Agency Executive Director

If the Program/Project Director does not settle the grievance to the satisfaction of the employee within the stated five day period, the employee may appeal the decision by written notice to the Executive Director. The third step must be mailed certified, return receipt requested, within twenty days after the events on which grievance is based.

Date Response Received: _____

I wish to appeal.

Employee's comments (optional - use attachments if necessary)	
Date:	Employee's Signature:

Grievance Board

The Grievance Review Board shall meet within ten days of receipt of the notice of appeal by the aggrieved employee. The Board shall review grievances, receive testimony and evidence of the parties, and provide a report of its findings and recommendations to the Executive Director. The review board may uphold the original action, recommend modification of the decision of the program/project director, or recommend that no action be taken.

Date of Review Board Meeting:	
Recommendation: (use attachment if necessary)	
Date:	Review Board Signature:

Executive Director

The recommendations of the review board are subject to the final decision of the Executive Director.

Executive Director's Final Decision:	
Date:	Executive Director's Signature:

Full Grievance Policy available in INCA Community Services Personnel & Agency Policies and Procedures Manual. Manual available on INCA's website www.incacaa.org