



EMPLOYEE GRIEVANCE/ COMPLAINT FORM

An employee may file a grievance or enter into the dispute resolution process on matters associated with the employee's employment relationship with ASMSA. Open communication is encouraged between employees and members of management within their department. All parties involved should make efforts to reach an informal resolution prior to proceeding to the grievance step. For further information or assistance with the policy and procedures, contact the Department of Human Resources at (501) 622-5131.

EMPLOYEE INFORMATION	
Employee Name:	Employee Job Title:
Department:	Supervisor's Name:
Mailing Address:	City/State/Zip:
Contact Number:	Email Address:
GRIEVANCE INFORMATION	
Reason for Grievance: <ul style="list-style-type: none"> <input type="checkbox"/> Alleged misinterpretation, misapplication, or violation of a special provision of ASMSA policy that materially affects the Grievant's terms and conditions of employment <input type="checkbox"/> Bullying; includes but not limited to, repeated and ongoing acts of intimidation, humiliation, or ridicule against the Grievant that materially interferes with the work environment <input type="checkbox"/> Termination –which are deemed to be "terminations for cause" 	
Date of Incident:	Person You Believe Responsible for Action:
Basis of complaint/grievance (list basis below and attach a clear statement of the issue being grieved and the facts giving rise to the grievance, a report on the effects to resolve the matter informally, and the desired outcome of the grievance)	
Witness Name(s) (if any):	
Documentation: <input type="checkbox"/> Attached; <input type="checkbox"/> None to Attach	
Employee Signature:	Date:

The ASMSA Informal Dispute Resolution and Grievance Policy requires that you make every attempt to resolve your concern within your chain of command prior to proceeding to the grievance process. Please follow the steps as outlined below.

Step I: Meet with the Respondent, and your supervisor to discuss your concern. If matter is resolved, sign and submit form to Human Resources. If resolution is not met, proceed to Step II.

Step II: Submit an Employee Grievance Form which contains a clear statement of the issue being grieved and the facts giving rise to the grievance, a report on the effects to resolve the matter informally, and the desired outcome of the grievance to Human Resources. Upon review, the Grievance Officer will review and begin the Formal Grievance Process. Please review the complete process in the ASMSA Employee Handbook, policy 8.3.

STEP I COMPLETED : MET WITH RESPONDENT AND SUPERVISOR FOR RESOLUTION

By submitting this form, I wish to pursue a formal grievance process regarding enclosed complaint. I attest that I have made efforts to resolve this matter informally (if applicable) and could not reach a resolution.

Employee Signature _____ Meeting Date _____

Supervisor Signature _____

STEP II: FORMAL GRIEVANCE PROCESS

Received in Human Resources Date _____ Initials _____

Grievance determined to be invalid in accordance with ASMSA's Grievance Policy (Grievance process ceases and copies of documents are provided to the employee, supervisor and HR)

Grievance determined to be valid and Grievance process will continue

Grievance Officer Signature _____ Date _____

FINDINGS/RECOMMENDATION (may be typed and attached):

DIRECTOR REVIEW (Within five (5) working days of completion-if requested by Grievant)

FINDINGS/RECOMMENDATIONS (may be typed and attached):

Director Signature _____ Date _____