



Ranger College Grievance Form

In order to initiate formal grievance procedures, this form must be filled out in its entirety.

Please submit this form to your immediate supervisor or to the office of Human Resources:
hr@rangercollege.edu

Please refer to the Grievance Policy in the appropriate handbook, which can be accessed electronically at <http://www.rangercollege.edu/hr.html>

Employee Name: _____ Title: _____

Primary Location: _____ Work Phone: _____

Email: _____ Home Phone: _____

Supervisor: _____ Today's Date: _____

Date of Incident or First observed: _____

- Grievance level: Lv. I, To Supervisors
 Lv. II, To Human Resources
 Lv. III, To President

Statement of Grievance

(Please be as detailed as possible. Additional space on back if necessary.
If you would like to submit a typed summary, please indicate in the box below.)

Has an attempt been made to resolve this informally? If so, please describe:

Relief or remedy sought:

Specific policy allegedly violated, misinterpreted, OR misapplied:

A Grievance form must be filed no later than fifteen (15) business days from the date the employee first knew or should have known of the decision or action giving rise to the grievance or complaint. Failure to do so may prohibit acceptance of the grievance.

All submissions are subject to formal investigation.

Employee

Supervisor

Human Resources

Date Received by HR

Statement of Grievance, Continued: