

SAM HOUSTON STATE UNIVERSITY GRIEVANCE STATEMENT FORM

Employee Name: _____ Job Title: _____

Department: _____ Supervisor: _____

Grievance Respondent: _____ "Step One" completed: ____/____/____

Law, Policy, or Procedure Violated: _____

(HR is available to discuss policies, but it is a grievant's responsibility to identify the authority violated.)

STATEMENT OF GRIEVANCE: *(The grievance statement must be a clear and concise description of the violation. Exercise of a supervisor's legitimate and nondiscriminatory authority is not a violation of law, policy, or procedure.)*

EXPECTED SETTLEMENT:

Employee Signature _____

Date Filed ____/____/____
