



# GRIEVANCE FORM

Revised 9/12/2023

**SECTION 1: GRIEVANCE** (To be completed by Grievant)

*(Must be submitted to supervisor within 10 business days of alleged event)*

**Your Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Position & Department:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Describe event(s) giving rise to your grievance** (use back if more space is needed)

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**Describe the Action you would like Paladin to take:**

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**Grievant Signature:** \_\_\_\_\_

**SECTION 2: SUPERVISOR RESPONSE** (Must be completed by Supervisor)

*(Response to employee must be done within 5 business days of submitted grievance)*

**Your Name:** \_\_\_\_\_

**Date Grievance Received:** \_\_\_\_\_

**Date of Your Response:** \_\_\_\_\_

**Your Response:**

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**Supervisor Signature:** \_\_\_\_\_

**SECTION 3: APPEAL TO DEPARTMENT DIRECTOR** (Must be completed by Grievant)

*(Appeal must be submitted within 5 business days of supervisor response)*

**Your Name:** \_\_\_\_\_

**Date of Appeal to Department Director:** \_\_\_\_\_

**Statement or Reason for Appeal to Department Director:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grievant Signature:** \_\_\_\_\_

**SECTION 4: RESPONSE FROM DEPARTMENT DIRECTOR**

(Must be completed by Department Director)

*(Response must be done within 5 business days of submitted appeal to grievance)*

**Your Name:** \_\_\_\_\_

**Date of Response:** \_\_\_\_\_

**Date Grievance Received by You:** \_\_\_\_\_

**Your Response:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Director Signature:** \_\_\_\_\_

**SECTION 5: APPEAL TO HUMAN RESOURCES** (To be completed by Grievant)

*(Appeal must be submitted within 3 business days of response from department director)*

**Your Name:** \_\_\_\_\_

**Date of Appeal to Human Resources:** \_\_\_\_\_

**Statement or Reason for Appeal to Human Resources:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grievant Signature:** \_\_\_\_\_

**SECTION 6: RESPONSE FROM HUMAN RESOURCES**

# GRIEVANCE FORM

(To be completed by Human Resources)  
(Response must be given to employee within 3 business days of submitted appeal)

**Your Name:** \_\_\_\_\_

**Date of Response:** \_\_\_\_\_

**Date Grievance Received by You:** \_\_\_\_\_

**Your Response:** \_\_\_\_\_

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**Human Resources Manager Signature:** \_\_\_\_\_

**SECTION 7: APPEAL TO PRESIDENT/CEO** (Must be completed by Grievant)  
(Appeal must be submitted within 3 business days of HR Response)

**Your Name:** \_\_\_\_\_

**Date of Appeal to President/CEO:** \_\_\_\_\_

**Statement or Reason for Appeal to President/CEO:**

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**Grievant Signature:** \_\_\_\_\_

**SECTION 8: RESPONSE FROM PRESIDENT/CEO** (To be completed by President/CEO)  
(Response must be given within 3 business days of appeal)

**Your Name:** \_\_\_\_\_

**Date of Response:** \_\_\_\_\_

**Date Grievance Received by You:** \_\_\_\_\_

**Your Response:**

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**President/CEO Signature:** \_\_\_\_\_

# GRIEVANCE FORM

## **SECTION 9: APPEAL TO GRIEVANCE COMMITTEE OF PALADIN BOARD OF DIRECTORS**

(To be completed by Grievant)

*(Appeal must be submitted within 3 business days of President/CEO response)*

**Your Name:** \_\_\_\_\_

**Date of Appeal to Grievance Committee:** \_\_\_\_\_

**Statement or Reason for Appeal to Grievance Committee:**

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**Grievant Signature:** \_\_\_\_\_

## **SECTION 10: DECISION OF GRIEVANCE COMMITTEE OF PALADIN BOARD OF DIRECTORS**

(To be completed by Representative of Grievance Committee of Paladin Board of Directors, Accompanied by Paladin President/CEO)

*(Decision must be given within 10 working days of appeal)*

**Name of Representative:** \_\_\_\_\_

**Date of Decision:** \_\_\_\_\_

**Date Grievance Received by Committee:** \_\_\_\_\_

**Grievance Committee of Paladin Board of Directors Decision:**

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**Representative Signature:** \_\_\_\_\_

**President/CEO Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employees Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_