

STATEMENT OF REMEDY (Give a complete statement of relief which you seek as result of this grievance). (Attach an additional sheet if necessary).

WITNESSES AND EVIDENCE (Names and descriptions of witnesses or evidence which you feel should be heard by the council). (Attach an additional sheet if necessary).

---

Signature of Grievant

---

Date

Completion of this petition fulfills the minimum requirements necessary for a hearing by the Staff Grievance Council. Failure to provide sufficient information shall be a basis for rejection of the petition without a hearing. A grievant may present any additional information which he/she feels is relevant to the inquiry.

TO INITIATE A GRIEVANCE PROCEDURE THE GRIEVANT MUST SUBMIT A COMPLETED OCCURRENCE OF THE IMMEDIATE SUPERVISOR WITHIN SEVEN (7) WORKING DAYS OF THE GRIEVABLE MATTER. THE GRIEVANT SHALL ALSO SEND A COPY OF THE GRIEVANCE TO THE GRIEVANCE OFFICER AND TO THE RESPONENT(S), IF DIFFERENT FROM THE IMMEDIATE SUPERVISOR.