



900 Twin View Boulevard, Redding CA 96003  
(530) 243-1651

**EMPLOYEE GRIEVANCE FORM**

EMPLOYEE NAME:

DATE:

Any individual grievance which an employee may have regarding the policies or practices of SCS should be referred to the immediate supervisor, added: copy of grievance to the Executive Director and/or designee within seven (7) working days of the incident referred to in the grievance. SCS will ensure that an employee will be free from retaliation if he/she files a grievance. For more information regarding the grievance process, refer to Section 8 of the Personnel Policies.

In the space below, describe the incident. Please include date and time of the incident(s), as well as the name(s) of everyone involved. (For additional space, please continue on the back of this page.)

State specifically what your grievance is:

Provide any additional information or documentation that pertains to this grievance.

State what you feel the appropriate solution to the problem should be:

To the best of my knowledge, the statement and information provided in this document is true, correct and complete.

Employee's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

This Employee Grievance Form was reviewed by:

Supervisor's Name: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Attachment A