

COMMONWEALTH OF VIRGINIA

EMPLOYEE GRIEVANCE PROCEDURE

GRIEVANCE FORM A

I. Grievance

Employee's Full Name:		Job Title:	
Agency Name:		Facility Name:	
Home Address:	Work Telephone No. () - ext. Work E-mail Address:	Home Telephone No. () - Home E-mail Address:	
Date Grievance Occurred:		Role Title:	
The issues are (use attachments if necessary):			
The facts supporting this are (use attachments if necessary):			
The relief I want is (use attachments if necessary):			
Date:	Employee's Signature:		
<i>Grievances must be submitted within 30 calendar days of the date the employee knew or should have known of the issue being grieved. The Grievance Procedure Manual, available on EEDR's website, contains complete instructions for initiating, processing, and pursuing grievances. Contact the Office of Equal Employment and Dispute Resolution (EEDR) if you have any questions.</i>			
Check if you decided not to present this grievance to your immediate supervisor because (check one): <input type="checkbox"/> Discrimination or Retaliation by Immediate Supervisor <input type="checkbox"/> Grieving disciplinary action issued by someone other than Immediate Supervisor			

II. First Resolution Step

Date Received:		
Response (use attachments if necessary):		
Date:	First Step Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____		
Employee's response (check one):		
<input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office. <input type="checkbox"/> I advance my grievance to the second step.		
Employee's comments (optional - [use attachments if necessary]):		
Date:	Employee's Signature:	
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.		

Grievance Form A, Rev. 7/1/2017



OFFICE OF EQUAL EMPLOYMENT AND DISPUTE RESOLUTION
 101 N. 14th Street, 12th Floor • Richmond, Virginia 23219
 804-786-7994 • Toll Free 888-232-3842 • Fax 804-786-1606 • Email EDR@dhrm.virginia.gov
www.dhrm.virginia.gov/edr

III. Second Resolution Step

Date Received: _____		Date of Meeting: _____
Response (use attachments if necessary): 		
Date: _____	Second Step Respondent's Signature: _____	Telephone No.: () - ext.
Date Received: _____		
Employee's response (check one): <input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office. <input type="checkbox"/> I advance my grievance to the third step.		
Employee's comments (optional - [use attachments if necessary]): 		
Date: _____	Employee's Signature: _____	
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.		

IV. Third Resolution Step

Date Received: _____		
Response (use attachments if necessary): 		
Date: _____	Third Step Respondent's Signature: _____	Telephone No.: () - ext.
Date Received: _____		
Employee's response (check one): <input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office. <input type="checkbox"/> I proceed to the next step and request qualification of my grievance for hearing.		
Employee's comments (optional - [use attachments if necessary]): 		
Date: _____	Employee's Signature: _____	
NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.		

V. Qualification for Hearing/Agency Head

Qualified for a Hearing: <input type="checkbox"/> Grievance is qualified in full. <input type="checkbox"/> Grievance is qualified only in part, as described by agency head below (or in an attachment). <input type="checkbox"/> Grievance is not qualified.	
Reasons (use attachments if necessary): 	
Date: _____	Agency Head's Signature: _____
Date Received: _____	
Employee's response (check one): <input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office. <input type="checkbox"/> I appeal the agency head's qualification decision and ask the Human Resources Office to forward the grievance record to EEDR. (All qualified issues will proceed to hearing following issuance of a qualification ruling by EEDR). <input type="checkbox"/> [If partial qualification] I waive any further right of appeal on any unqualified issues and ask the agency to request appointment of a hearing officer.	
Employee's comments (optional - [use attachments if necessary]): 	
Date: _____	Employee's Signature: _____
NOTE: This form must be returned to the Human Resources Office within five workdays after receipt of the agency head's qualification decision. The agency will retain the original.	

↙ If the agency is not in compliance, a written notice must be sent to the agency head ↘