**GRIEVANCE APPEAL FORM**

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| **GRIEVANT INFORMATION** |   |
| **GRIEVANT NAME** | **DATE APPEAL SUBMITTED** |
|   |   |
| **GRIEVANT PHONE** | **GRIEVANT EMAIL** |
|   |   |
| **GRIEVANT HOME MAILING ADDRESS** | **WORKPLACE MAILING ADDRESS** |
|   |   |
| **RECEIVED BY** | **DATE RECEIVED** |
|   |   |

|  |  |
| --- | --- |
|  | REASON FOR APPEAL (check all that apply): |
|  | New information/evidence is now available that wasn’t considered before |
|  | The process wasn’t followed correctly |
|  | The outcome wasn’t fair and reasonable |

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| **FURTHER EXPLANATION OF REASONING** use attachments if necessary |
|    |

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| **DESIRED OUTCOME** use attachments if necessary |
|    |

Please retain a copy of this form for your own records. As the grievant, your signature below indicates that the information you've provided on this form is truthful.

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| --- | --- |
| **SIGNATURES** |   |
|  |  |
| **GRIEVANT SIGNATURE** | **DATE** |
|   |   |
|  |  |
| **RECEIVED BY: PRINTED NAME AND SIGNATURE** | **DATE** |
|   |   |

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