

## APPENDIX B Cont.

### **FORMAL LEVEL 1:**

\*Must be filed within ten (10) business days after the date of the informal meeting or ten (10) business days after the supervisor's failure to schedule a meeting.

Grievant Name: \_\_\_\_\_

Grievant Position Title: \_\_\_\_\_ Grievant Department: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

*Please describe the nature of your grievance, to include date incident occurred and contract article(s) allegedly violated. Include all relevant details, including names of individuals involved, dates, or additional support documentation. Attach additional pages if needed.*

*Please state the adjustment or settlement you are seeking to resolve your grievance.*

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORMAL LEVEL 1 – Supervisor Response**

\*Written response must be rendered within ten (10) business days of the receipt of the Formal Level 1 grievance.

**Supervisor Name:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

Immediate Supervisors Response:

*Attach additional pages as needed.*

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
**To be completed by Grievant:**

I am satisfied with my supervisor's response.

I am not satisfied with my supervisor's response and request a Formal Level 2 review.

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_