



**GRIEVANCE FORM**

**PRINT OR TYPE PLAINLY**

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

1. NAME OF GRIEVANT: \_\_\_\_\_

2. DIVISION/SECTION: \_\_\_\_\_

3. NATURE OF GRIEVANCE: (Clearly state what happened and describe clearly the events that caused the grievance. Use back of this form if more space is needed.)  
\_\_\_\_\_  
\_\_\_\_\_

4. DATE AND TIME GRIEVANCE OCCURRED: \_\_\_\_\_

5. WHERE EXACTLY DID THE GRIEVANCE TAKE PLACE: \_\_\_\_\_

6. CORRECTIVE ACTION DESIRED: (State briefly but completely the corrective action desired.)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
GRIEVANT'S SIGNATURE DATE

**INFORMAL – STEP 1 – Informal discussion with Supervisor, then if necessary Division Head.**

<u>Date Discussed/Submitted</u>	<u>Date Supervisor Responded</u>	<u>Signature</u>
A. _____ Immediate Supervisor	_____	_____
_____	_____	_____

**FORMAL – STEP 2**

C. _____ Vice President	_____	_____
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**At STEP 1-B, a copy of the written decision shall be attached to this form.**



UNIVERSITY OF GUAM  
UNIBETSIDAT GUAHAN

Administration and Finance  
Human Resources Office

**INFORMAL GRIEVANCE LEVEL - GRIEVANCE FORM - STEP 1**

Employee Name: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_

Next Higher Supervisor: \_\_\_\_\_

Work Location: \_\_\_\_\_

NATURE OF GRIEVANCE: (Clearly state what happened and describe the events that caused the grievance. You may attach an additional sheet if more space is needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE AND TIME GRIEVANCE OCCURRED:

\_\_\_\_\_

WHERE EXACTLY DID THE GRIEVANCE TAKE PLACE:

\_\_\_\_\_

CORRECTIVE ACTION DESIRED (State briefly but completely the corrective action desired.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**INFORMAL - Step 1 - Informal discussion with supervisor:**

Date Discussed/Submitted: \_\_\_\_\_

Date Supervisor Responded: \_\_\_\_\_

Supervisor's Response:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



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**NEXT ADMINISTRATIVE LEVEL - GRIEVANCE FORM - STEP 2**

Employee Name: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_

Next Higher Supervisor: \_\_\_\_\_

Work Location: \_\_\_\_\_

STATEMENT OF GRIEVANCE AND OUTCOME OF INFORMAL DISCUSSION WITH  
IMMEDIATE SUPERVISOR (STEP 1):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC POLICY OR REGULATION ALLEGED TO HAVE BEEN VIOLATED (CITE SOURCE):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, GRIEVANT SHALL PRESENT ORIGINAL AND  
COPIES #2 #3 AND #4 TO THE SUPERVISOR AT THE NEXT ADMINISTRATIVE LEVEL COPY  
#5 SHOULD BE RETAINED BY GREIVANT.

IMMEDIATE SUPERVISOR'S RESPONSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, THE SUPERVISOR AT THE NEXT ADMINISTRATIVE  
LEVEL SHALL RETAIN ORIGINAL, PRESENT COPY #2 TO GRIEVANT, COPY #3 TO THE  
GRIEVANT'S IMMEDIATE SUPERVISOR, AND FORWARD COPY #5 TO THE GENERAL  
MANAGER.



UNIVERSITY OF GUAM  
HIGHER LEARNING GUARDIAN

Administration and Finance  
Human Resources Office

**FORMAL GRIEVANCE – VICE PRESIDENT - STEP 3**  
**(Authority Grievance Committee)**

Employee Name: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_

Next Higher Supervisor: \_\_\_\_\_

Work Location: \_\_\_\_\_

APPEAL TO VICE PRESIDENT – ALL PORTIONS OF THIS SECTION MUST BE COMPLETED BY THE GRIEVANT (COPY 2) OF COMPLETED GRIEVANCE FORM – STEP 2 MUST BE ATTACHED.

**REASON FOR APPEAL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMEDY SOUGHT (BE SPECIFIC)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, GRIEVANT SHALL PRESENT ORIGINAL AND COPIES 2, 3, 4 AND 5 TO THE VICE PRESIDENT. COPY 6 SHOULD BE RETAINED BY GRIEVANT.

**DECISION OF VICE PRESIDENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, THE VICE PRESIDENT SHALL RETAIN ORIGINAL AND FORWARD COPY 2 TO GRIEVANT, COPY 3 TO GRIEVANT'S IMMEDIATE SUPERVISOR, COPY 4 TO SUPERVISOR AT THE NEXT ADMINISTRATIVE LEVEL, AND COPY 5 TO THE AUTHORITY GRIEVANCE COMMITTEE.