

COUNCIL OF ADMINISTRATIVE PERSONNEL

GRIEVANCE FORM

Date: _____

Employee's Name: _____

Department: _____

BOT Regulation Reference (Citation): _____

SUMMARY OF COMPLAINT [(Please include dates and details of incident(s), attached separate sheet, if necessary)]

Remedy Sought: _____

STEP ONE: GRIEVANCE COMMITTEE

Date: _____

COAP Committee: _____

FINDING/RESOLUTION: (Attach separate sheet, if necessary) _____

Committee Chair Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

STEP TWO: VICE PRESIDENT

GRIEVANCE COMMITTEE FINDING/RESOLUTION: (Attach separate sheet, if necessary) _____

Committee Chair Signature: _____ Date: _____

Meeting Held? Yes No Meeting Date: _____

Vice President Response: (Attach separate sheet, if necessary) _____

Was the grievance resolved? Yes, Date: _____

No Further Action: (Vice President Recommendation for resolution to Grievance Committee) _____

Vice President's Signature: _____ Date: _____

Grievance Committee Response: (Attach separate sheet, if necessary) _____

Committee Chair Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

FINAL STEP: PRESIDENT

Date: _____

President's Response: (Attach separate sheet, if necessary) _____

President's Signature: _____ Date: _____

Committee Chair Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

Vice President's Signature: _____ Date: _____