

**PENSACOLA STATE
COLLEGE**

***EMPLOYEE*
GRIEVANCE FORM**

Name _____ Date _____

Address _____ Telephone _____

Telephone No. _____ E-mail Address: _____

Employee _____ Student Employee _____ Other _____

Department _____

If presently an employee, who is your present supervisor?

Who was your former supervisor? _____
(If complaint involves a former supervisor)

A. Describe the facts associated with your grievance. Be as specific as possible concerning dates, times, and witnesses if applicable. (Attach numbered additional sheets if necessary.)

B. With whom have you discussed this problem?

C. If the grievance applies to a specific college policy, procedure or rule that has allegedly been violated, state it below.

D. If the grievance relates to discrimination or harassment, indicate below the basis of the alleged discriminatory practice.

Race _____ Sex _____ Age _____ Disability (handicap) _____

Color _____ National Origin _____ Religion _____ Marital Status _____

Other _____

E. What action would you suggest to remedy your grievance?

Signature

Date

Please return this form to the Office of Institutional Diversity.

Dr. Gael Frazer
Associate V.P., Institutional Diversity
Pensacola State College
1000 College Boulevard
Room #705, Administration Building
Pensacola, FL 32504-8998
gfrazer@pensacolastate.edu
(850) 484-1759 Fax # (850) 484-1033