



**EMPLOYEE
GRIEVANCE FORM**

Name _____ Date _____

Address _____
(City) (State) (Zip Code)

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/Ethnicity _____ Gender Identity _____ Genetic Information _____
Age _____ Disability _____ Marital Status _____ Color _____
National Origin _____ Religion _____ Title IX _____ Pregnancy _____
Sexual Orientation _____ Other _____

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

Signature

Date

Please return this form to the Director of Institutional Diversity/Title IX, Pensacola State College, 1000 College Boulevard, Pensacola, Florida 32504.

Pensacola State College does not discriminate against any person on the basis of race, ethnicity, national origin, color, gender/sex, age, religion, marital status, pregnancy, disability, sexual orientation, gender identity, or genetic information in its educational programs, activities or employment. For inquiries regarding Title IX and the college's nondiscrimination policies, contact the Director of Institutional Diversity/Title IX at (850) 484-1759, Pensacola State College, 1000 College Blvd., Pensacola, Florida 32504.