SHSU Charter School – Employee Grievance Form

Use this form to submit an employee grievance. Items marked * are required.

Employee Information

Full Name*: _____

Job Title*: _____

Department/Campus*: _____

Immediate Supervisor*: _____

Email*: _____

Phone: _____

Grievance Details

Policy/Law/Procedure alleged to be violated (if known):

_____

Date of incident/decision*: _____

Statement of Grievance*:

Expected Settlement/Remedy:

Attachments (list names of documents you will email):

Certification

☐ I certify this information is true and submitted in good faith.*

Signature: _____