

**EAST TENNESSEE STATE UNIVERSITY
GRIEVANCE/COMPLAINT FORM**

(PRINT OR TYPE)

1. Name: _____
2. Position: _____
3. Department: _____
4. Name of immediate supervisor: _____
5. Date grievance/complaint initially discussed with supervisor: _____
6. Name of next-higher-level supervisor: _____
7. Date grievance/complaint initially discussed with next-higher-level supervisor:

8. Explanation of grievance/complaint (Include identification of any institution policy violated):

9. Corrective action desired: _____

Employee's Signature

Date