

**EAST TENNESSEE STATE UNIVERSITY  
SUPPORT STAFF GRIEVANCE FORM**

**(PRINT OR TYPE)**

1. Name: \_\_\_\_\_
2. Position: \_\_\_\_\_
3. Department: \_\_\_\_\_
4. Name of immediate supervisor: \_\_\_\_\_
5. Explanation of grievance (Include identification of any institution policy violated):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Corrective action desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

NOTE: Employee must submit the original completed form to the Office of Human Resources and a copy to the immediate supervisor within fifteen (15) work days.