



## BATON ROUGE COMMUNITY COLLEGE GRIEVANCE FORM

This form is utilized by a grievant to document a grievance that remains unresolved after informal verbal discussion between grievant and supervisor or if circumstances are prohibitive of the informal discussion. The grievant is to provide a detailed statement of his/her grievance and relief sought by way of this form. Upon completion, grievant is to submit this form and supporting documentation to BRCC's Office of Human Resources.

<b>NAME OF GRIEVANT</b>	
<b>DEPARTMENT</b>	
<b>JOB TITLE</b>	

### GRIEVANCE SUBMITTAL / RESPONSE INFORMATION

If the allegations stated in your Grievance Statement are made against one or more levels of your chain of command, proceed to the appropriate step as allowed by BRCC Policy HR-221/Grievances: For All Employees

<b>STEP I</b>	Supervisor Name				Date Rcvd	
	Grievance Rcvd OHR			Response Rcvd Emp		
	Grievance Resolved*	Y	N	*"Yes" - Notify HR "No" - Proceed to Step II		
<b>STEP II</b>	Dept Head Name				Date Rcvd	
	Step II Rcvd OHR			Response Rcvd Emp		
	Grievance Resolved*	Y	N	*"Yes" - Notify HR "No" - Proceed to Step III		
<b>STEP III</b>	OHR Director Name				Date Rcvd	
	Formal Investigation	Y	N	Grievance Committee	Y	N
	Relief Provided	Y	N	Response Rcvd Emp		

### GRIEVANCE STATEMENT

GRIEVANCE STATEMENT CONTINUED:

(For further comments attach additional sheets as needed)

**RELIEF SOUGHT**

**GRIEVANT'S SIGNATURE**

**DATE** (mm/dd/yyyy)

<b>STEP I:</b>	<b>FIRST STEP RESPONSE - Immediate Supervisor</b>	
Provided to grievant within five (5) working days of receipt		
<b>NAME OF RESPONDENT</b>		
<b>JOB TITLE</b>		
<b>DATE GRIEVANCE RECEIVED</b>		
<b>RESPONSE</b>		
For further comments attache additional sheets		
If this response is not accepted you may submit this grievance, within 5 working days from receipt of this response, for a second step review to:		
<b>STEP II RESPONDENT NAME</b>		
<b>ADDRESS</b>		
<b>TELEPHONE NUMBER</b>		
<b>RESPONDENT'S SIGNATURE</b>		
<b>SIGNATURE DATE</b>		
<b>GRIEVANT'S DECISION</b>	<input type="checkbox"/> <b>Response/Relief Accepted</b>	<input type="checkbox"/> <b>Response/Relief Not Accepted (explain below)</b>
<b>DATE STEP I RESPONSE RECEIVED</b>		
<b>EXPLANATION OF NON-ACCEPTANCE:</b>		
<b>GRIEVANT'S SIGNATURE</b>		
<b>SIGNATURE DATE</b>		

<b>STEP II:</b>	<b>SECOND STEP RESPONSE - Department Head</b>	
Provided to grievant within seven (7) working days of receipt		
<b>NAME OF RESPONDENT</b>		
<b>JOB TITLE</b>		
<b>DATE GRIEVANCE RECEIVED</b>		
<b>RESPONSE</b>		
For further comments attache additional sheets		
If this response is not accepted you may submit this grievance, within 5 working days from receipt of this response, for a thrid step review to:		
<b>STEP III RESPONDENT NAME</b>	Terri P. Ricks, Director - Office of Human Resources	
<b>ADDRESS</b>	Office of Human Resources, Govenor's Building, Floor 1	
<b>TELEPHONE NUMBER</b>	(225) 216-8268	
<b>RESPONDENT'S SIGNATURE</b>		
<b>SIGNATURE DATE</b>		
<b>GRIEVANT'S DECISION</b>	<input type="checkbox"/> <b>Response/Relief Accepted</b>	<input type="checkbox"/> <b>Response/Relief Not Accepted (explain below)</b>
<b>DATE STEP II RESPONSE RECEIVED</b>		
<b>EXPLANATION OF NON-ACCEPTANCE:</b>		
<b>GRIEVANT'S SIGNATURE</b>		
<b>SIGNATURE DATE</b>		

<b>STEP III:</b>	<b>THIRD STEP RESPONSE - Chancellor or designee</b>
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Provided to grievant within ten (10) working days of receipt unless an extension is required and obtained in accordance with BRCC Policy HR-221/Grievances For All Employees

<b>NAME OF RESPONDENT</b>			
<b>DATE GRIEVANCE RECEIVED</b>			
<b>INVESTIGATION APPROVED</b>		<b>NOTICE TO EMP</b>	
<b>INVESTIGATIVE FINDINGS TO CHANCELLOR</b>			
<b>GRIEVANCE COMMITTEE APPROVED</b>		<b>NOTICE TO EMP</b>	
<b>GRIEVANCE COMMITTEE REPORT TO CHANCELLOR</b>			
<b>RESPONDENT'S SIGNATURE</b>			
<b>SIGNATURE DATE</b>			

<b>FINAL RESPONSE</b>
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