

# GRIEVANCE REPORT - FORM A

STEP #1

FROM: \_\_\_\_\_, Grievant

TO: \_\_\_\_\_, Affirmative Action Officer

DATE: \_\_\_\_\_

DESCRIPTION OF HAPPENING:

\_\_\_\_\_  
(Signature)

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**(This Portion to be used by Affirmative Action Officer ONLY)**

STEP #2

Grievance Number \_\_\_\_\_

TO: \_\_\_\_\_, Grievant

FROM: \_\_\_\_\_, Affirmative Action Officer

DATE: \_\_\_\_\_

RESPONSE TO GRIEVANT:

\_\_\_\_\_  
(Date Grievance Received)

\_\_\_\_\_  
(Affirmative Action Officer)