

# CQDRA GRIEVANCE FORM

## GRIEVANT INFORMATION

**NAME**

**DATE FORM COMPLETED**

**PHONE**

**EMAIL**

**ADDRESS**

**MAILING ADDRESS (if different)**

## DETAILS OF EVENT LEADING TO GRIEVANCE

**DATE, TIME, AND LOCATION OF EVENT**

**WITNESSES** if applicable

**ACCOUNT OF EVENT**

Provide a detailed account of the occurrence.  
Include the names of any additional persons involved.

**VIOLATIONS**

Provide a list of any policies, procedures, or guidelines you believe have been violated in the event described.

**HAVE YOU IN GOOD FAITH ATTEMPTED TO RESOLVE THIS GRIEVANCE:**

YES  NO  OTHER specify:

**PROPOSED SOLUTION**

Please retain a copy of this form for your own records. As the grievant, please provide your signature below, as it indicates that the information you've included on this form is truthful.

**SIGNATURES**

**SIGNATURE**

**DATE**

**RECEIVED BY:**

**PRINTED NAME AND SIGNATURE**

**DATE**