



HUMAN RESOURCES DEPARTMENT

100 Abington Executive Park Clarks Summit, PA 18411
Phone: (570) 348-1348 (800) 368-3910 TDD: (570) 348-1240 www.allied-services.org

GRIEVANCE PROCEDURE

Name _____ Date _____

Position _____ Division _____ Department _____

Work Schedule _____ Work Phone _____ Home Phone _____

Statement of facts relating to your complaint or problem: (attach additional sheets if necessary) _____

Applicable policy, procedure or practice which you believe has been misapplied: _____

Date(s) of incident: _____

Witnesses: _____

Statement of action or resolution desired: _____

STEP ONE – IMMEDIATE SUPERVISOR

Date Received: _____ Meeting Date: _____

Supervisor comments & recommended action: _____

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____

ACCEPT REJECT

STEP TWO – NEXT LEVEL OF SUPERVISION (DEPT-HEAD OR ABOVE)

Date Received: _____ Meeting Date: _____

Supervisor comments & recommended action: _____

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____

ACCEPT REJECT

STEP THREE – DIVISION VICE-PRESIDENT

Date Received: _____ Meeting Date: _____

Vice-President comments & recommended action: _____

Division Vice-President Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

ACCEPT REJECT

Employee Signature: _____ Date: _____

ACCEPT REJECT

STEP FOUR – GRIEVANCE REVIEW PANEL

Date Received: _____ Meeting Date: _____

Panel comments & recommended action: _____

Panel Chair Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____