

COMMONWEALTH OF VIRGINIA

EMPLOYEE GRIEVANCE PROCEDURE

GRIEVANCE FORM A – Dismissal Grievance

(Submit completed form to EEDR at contact information below.)

Employee's Full Name:		Job Title:	
Agency Name:		Facility Name:	
Home Address:		Work Telephone No. () - ext . Work E-mail Address:	Home Telephone No. () - Home E-mail Address:
Dismissal Date:		Role Title:	
The issues are (use attachments if necessary):			
The facts supporting this are (use attachments if necessary):			
The relief I want is (use attachments if necessary):			
Date:	Employee's Signature:		
<p><i>Grievances must be submitted within 30 calendar days of the date the employee knew or should have known of the issue being grieved. The <u>Grievance Procedure Manual</u>, available on EEDR's website, contains complete instructions for initiating, processing, and pursuing grievances. Contact the Office of Equal Employment and Dispute Resolution (EEDR) if you have any questions.</i></p>			

<p>Qualified for a Hearing: (to be completed by EEDR)</p> <p><input type="checkbox"/> Grievance is qualified in full.</p> <p><input type="checkbox"/> Grievance is qualified only in part, as described below (or in an attachment).</p> <p><input type="checkbox"/> Grievance is closed.</p> <p>Reasons (use attachments if necessary):</p>



OFFICE OF EQUAL EMPLOYMENT AND DISPUTE RESOLUTION

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