

COMMONWEALTH OF VIRGINIA  
**EMPLOYEE GRIEVANCE PROCEDURE**  
**GRIEVANCE FORM A**

**I. Grievance**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                          |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------|-----------------------------------------------------|
| Employee's Full Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | * SSN:<br>- -                                            | Job Title:                                          |
| Agency Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Agency Name:          |                                                          | Facility Name:                                      |
| Home Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       | Work Telephone No.<br>( ) - ext.<br>Work E-mail Address: | Home Telephone No.<br>( ) -<br>Home E-mail Address: |
| Date Grievance Occurred:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | 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: |                                                          |                                                     |
| <i>Grievances must be presented or mailed to the immediate supervisor within 30 calendar days with two exceptions. If the grievance alleges discrimination or retaliation by the immediate supervisor, the grievance may be submitted to the next level supervisor in the line of supervision. If the complaint involves termination, demotion, suspension without pay or lost wages, the grievance may be submitted to the second-step respondent under the expedited grievance process. The <u>Grievance Procedure Manual</u> contains complete instructions. The Department of Employment Dispute Resolution (EDR) may be contacted if questions arise. * SSN assists with administrative processing of the grievance and is not required.</i> |                       |                                                          |                                                     |
| Check if you decided not to present this to your immediate supervisor because (check one):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                          |                                                     |
| <input type="checkbox"/> Discrimination or Retaliation by Immediate Supervisor<br><input type="checkbox"/> Expedited Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                          |                                                     |

**II. First Resolution Step**

|                                                                                                                                                                                                                             |                                    |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------|
| Date Received:                                                                                                                                                                                                              |                                    |                              |
| Response (use attachments if necessary):                                                                                                                                                                                    |                                    |                              |
| Date:                                                                                                                                                                                                                       | First Step Respondent's Signature: | Telephone No.:<br>( ) - ext. |
| Date Received: _____                                                                                                                                                                                                        |                                    |                              |
| Employee's response (check one):                                                                                                                                                                                            |                                    |                              |
| <input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office.                                                                                                                         |                                    |                              |
| <input type="checkbox"/> I advance my grievance to the second step.                                                                                                                                                         |                                    |                              |
| <input type="checkbox"/> I want the agency head to determine whether I have access to the grievance procedure.                                                                                                              |                                    |                              |
| <input type="checkbox"/> I want EDR to rule on whether I initiated my grievance in 30 calendar days. <b>(NOTE THAT ALL EDR RULINGS ARE PUBLISHED ON EDR'S WEBSITE IN A MANNER THAT SEEKS TO PRESERVE PERSONAL PRIVACY.)</b> |                                    |                              |
| Employee's comments (optional - [use attachments if necessary]):                                                                                                                                                            |                                    |                              |
| Date:                                                                                                                                                                                                                       | Employee's Signature:              |                              |
| <b>NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.</b>                                                                                            |                                    |                              |

Grievance Form A, Rev. 8/14/2002



DEPARTMENT OF EMPLOYMENT DISPUTE RESOLUTION  
 Main Street Centre, 600 East Main Street, Suite 301 • Richmond, Virginia 23219  
 804-786-7994 • Toll Free 888-23-ADVICE • FAX 804-786-0111  
[www.edr.virginia.gov](http://www.edr.virginia.gov)

### III. Second Resolution Step

|                                                                                                                                  |                                           |                                                                                                                                                                                                                            |                     |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Date Received: _____                                                                                                             |                                           | Date of Meeting: _____                                                                                                                                                                                                     |                     |
| Response (use attachments if necessary):<br><br>                                                                                 |                                           |                                                                                                                                                                                                                            |                     |
| Date:                                                                                                                            | Second Step Respondent's Signature: _____ | Telephone No.:                                                                                                                                                                                                             | (    )    -    ext. |
| Date Received: _____                                                                                                             |                                           |                                                                                                                                                                                                                            |                     |
| Employee's response (check one):                                                                                                 |                                           |                                                                                                                                                                                                                            |                     |
| <input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office.                              |                                           | <input type="checkbox"/> I want the agency head to determine whether I have access to the grievance procedure.                                                                                                             |                     |
| <input type="checkbox"/> I advance my grievance to the third step.                                                               |                                           | <input type="checkbox"/> I want EDR to rule on whether I initiated my grievance in 30 calendar days <b>(NOTE THAT ALL EDR RULINGS ARE PUBLISHED ON EDR'S WEBSITE IN A MANNER THAT SEEKS TO PRESERVE PERSONAL PRIVACY.)</b> |                     |
| Employee's comments (optional - [use attachments if necessary]):<br><br>                                                         |                                           |                                                                                                                                                                                                                            |                     |
| Date:                                                                                                                            | Employee's Signature: _____               |                                                                                                                                                                                                                            |                     |
| <b>NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.</b> |                                           |                                                                                                                                                                                                                            |                     |

### IV. Third Resolution Step

|                                                                                                                                  |                                          |                                                                                                                                                                                                                             |                     |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Date Received: _____                                                                                                             |                                          | Date of Meeting: _____                                                                                                                                                                                                      |                     |
| Response (use attachments if necessary):<br><br>                                                                                 |                                          |                                                                                                                                                                                                                             |                     |
| Date:                                                                                                                            | Third Step Respondent's Signature: _____ | Telephone No.:                                                                                                                                                                                                              | (    )    -    ext. |
| Date Received: _____                                                                                                             |                                          |                                                                                                                                                                                                                             |                     |
| Employee's response (check one):                                                                                                 |                                          |                                                                                                                                                                                                                             |                     |
| <input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office.                              |                                          | <input type="checkbox"/> I want the agency head to determine whether I have access to the grievance procedure.                                                                                                              |                     |
| <input type="checkbox"/> I request qualification of my grievance.                                                                |                                          | <input type="checkbox"/> I want EDR to rule on whether I initiated my grievance in 30 calendar days. <b>(NOTE THAT ALL EDR RULINGS ARE PUBLISHED ON EDR'S WEBSITE IN A MANNER THAT SEEKS TO PRESERVE PERSONAL PRIVACY.)</b> |                     |
| Employee's comments (optional - [use attachments if necessary]):<br><br>                                                         |                                          |                                                                                                                                                                                                                             |                     |
| Date:                                                                                                                            | Employee's Signature: _____              |                                                                                                                                                                                                                             |                     |
| <b>NOTE: The employee is responsible for having the grievance delivered to the proper person or office within five workdays.</b> |                                          |                                                                                                                                                                                                                             |                     |

### V. Qualification for Hearing/Agency Head

|                                                                                                                                                                                            |                                |                                                                                                               |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------|
| Date Received: _____                                                                                                                                                                       |                                | Date of Meeting: _____                                                                                        |                     |
| Response (use attachments if necessary):<br><br>                                                                                                                                           |                                |                                                                                                               |                     |
| Date:                                                                                                                                                                                      | Agency Head's Signature: _____ | Telephone No.:                                                                                                | (    )    -    ext. |
| Date Received: _____                                                                                                                                                                       |                                |                                                                                                               |                     |
| Employee's response (check one):                                                                                                                                                           |                                |                                                                                                               |                     |
| <input type="checkbox"/> I conclude my grievance and am returning it to the Human Resources Office.                                                                                        |                                | <input type="checkbox"/> I advance my grievance to hearing and am returning it to the Human Resources Office. |                     |
| <input type="checkbox"/> I appeal the decision and request the Human Resources Office to forward the grievance record to EDR.                                                              |                                | <b>(Only check if qualified by agency head)</b>                                                               |                     |
| Employee's comments (optional - [use attachments if necessary]):<br><br>                                                                                                                   |                                |                                                                                                               |                     |
| Date:                                                                                                                                                                                      | Employee's Signature: _____    |                                                                                                               |                     |
| <b>NOTE: This form must be returned to the Human Resources Office within five workdays after receipt of the agency head's qualification decision. The agency will retain the original.</b> |                                |                                                                                                               |                     |

↪ If the agency is not in compliance, a written notice must be sent to the agency head ↩