



69 Nicholson Rd., Trenton, SC 29847-(Ph.) 803. 663.7266, (Fax) 803.663.7668

EMPLOYEE GRIEVANCE FORM

Full Name: _____

Position Title: _____

Please describe your grievance and list the law(s), regulation(s), BPLA policies, or BPLA Charter provisions, if any, that you believe were violated, misinterpreted, or misapplied. Use the back of this form or additional paper, if necessary.

Date(s) the incident(s) giving rise to your grievance occurred: _____

Date(s) you learned of the incident(s) giving rise to your grievance: _____

If you feel your direct supervisor is not the person who should address your grievance, please state why.

Please describe any action(s) already taken by you to attempt to resolve your grievance: _____

Please describe the remedy you seek: _____

By signing below, I confirm that I have read and understand BPLA's Grievance Policy:

Signature: _____ Date: _____

Please present this form to the appropriate person under BPLA's Grievance Policy.