



NORTHEAST STATE COMMUNITY COLLEGE

SUPPORT STAFF GRIEVANCE FORM

Name: _____ **Position:** _____

Department/Division: _____ **Immediate Supervisor:** _____

Explanation of grievance/complaint (include identification of any TBR or institutional policy violated):

Corrective action desired: _____

Employee's Signature

Date

In accordance with Northeast State Policy _____, the employee must submit the original completed form to the office of Human Resources and a copy to the immediate supervisor within fifteen (15) working days.