

**SAM HOUSTON STATE UNIVERSITY
GRIEVANCE STATEMENT FORM**

Employee Name: _____ Sam ID: _____

Job Title: _____ Department: _____

Employment Date: ____/____/____ Supervisor: _____

Date "Step One" was completed: ____/____/____

STATEMENT OF GRIEVANCE: *(The grievance statement must be clear and concise referring to the policy, procedure, regulation or law that was allegedly violated; date of violation or incident; issue involved; and relief the employee is seeking.)*

EXPECTED SETTLEMENT:

(Use reverse side or attach additional pages if needed.)

Employee Signature _____ Date Filed ____/____/____

Human Resources Representative _____ Date Received ____/____/____