

**SAM HOUSTON STATE UNIVERSITY  
GRIEVANCE STATEMENT FORM**

Employee Name: \_\_\_\_\_ Sam ID: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Employment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor: \_\_\_\_\_

Date "Step One" was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**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.)

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Employee Signature \_\_\_\_\_ Date Filed \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources Representative \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_