

## GRIEVANCE REPORT FORM A

Step #1:	
FROM:	, Grievant
TO:	, Affirmative Action Officer
DATE:	
DESCRIPTION OF EVENT:	
(Signature)	
	be used by Affirmative Action Officer ONLY)
Step #2:	Grievance Number
TO:	, Grievant
FROM:	, Affirmative Action Officer
DATE:	
RESPONSE TO GRIEVANT:	
(Date Grievance Received)	(Affirmative Action Officer)