Baptist Health South Florida

BHSF-HR 5200

GRIEVANCE FORM

Please complete and sign this Grievance Form for each step in the Grievance Process. A copy of this form must be given to the respective individual receiving the grievance with a copy to Human Resources.

Employee's Name_____ **Employee's Position:**_____
Employee Number_____**Employee Phone No:**_____
Department/Division_____ **Entity** _____
Supervisor_____

Please mark the relevant step in the grievance process.

- ☐ **Step One – Department Director**
- ☐ **Step Two – Human Resources Site Director**
- ☐ **Step Three – Vice President**
- ☐ **Step Four – Adjustment Board**

GRIEVANCE: *(Please describe the facts , major issues, and describe the reason(s) why you are filing this grievance, including all relevant dates.)*

BHSF Grievance Form

Identify the applicable Baptist Health policy or procedure which applies to your grievance:

_____

_____

_____

_____

Please indicate why, in your opinion, you do disagree with the decision of your case?:

_____

_____

_____

_____

_____

_____

_____

What resolution/remedy are you requesting?:

_____

_____

_____

_____

_____

_____

Please attach to this form any supporting documentation, and submit all of the documents to the Human Resources Site Department.

Employee Name: _____

Employee Signature: _____ Date: _____

Received by: _____ Date: _____

HR Representative: _____ Date: _____