Employee Grievance Response Report

Employee's Name_____

Job Title_____ Work Location _____

Check one of the following:

____ I feel that my Recruiter's plan will satisfactorily correct the condition.

____ I agree with my Recruiter that no further action should be taken.

____ I disagree with my Recruiter and plan to request a hearing with the Human Resources Manager or an appointed representative within five days after the day I receive my Recruiter's decision.

Comments, if desired:

_____ _____

Signature of Employee Date form was submitted

Copy to Recruiter ***Copy to Employee*** ***Copy to Employee File***