island health care



EMPLOYEE GRIEVANCE APPLICATION AND RESPONSE

EII	ipioyee:	Date:	
Ph	one: E	Email:	
	ease answer the questions below as completely as po ach additional pages. Please deliver the completed f		evance policy. If necessary,
1.	Have you discussed your concerns with your immed	diate supervisor? If so, what was the	outcome?
2.	Describe the situation about which you are express	sing concern. Be specific and provide	factual details.
3.	List and describe the steps (if any) you have taken t whom you communicated and when (include speci		• • •
4.	If there is additional information you'd like to share	e related to this concern, please spec	cify:
5.	Please describe the outcome you are seeking:		
	signing below, I acknowledge that this statement accolution efforts and desired outcome.	curately represents the nature of my	y complaint, any previous
Em	ployee	_	Date
lm	mediate Supervisor	_	Date
Tal	ent Management	_	Date
President/CEO		_	Date