

# Grievance Submission Form

This form is for students, employees, former employees, and third parties to file a formal grievance in accordance with the Grievance Policy of Pierce Mortuary Colleges. All information will be kept confidential.

## Section A: Contact Information

\_\_\_\_\_  
Name of Grievant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address (if not currently affiliated)

Status (check one):

Student

Faculty

Staff

Former Employee

Third Party: \_\_\_\_\_

## Section B: Respondent information

\_\_\_\_\_  
Name of Person(s) Against Whom Grievance is Filed

\_\_\_\_\_  
Position/Relationship to the College

\_\_\_\_\_  
Contact Information (if known)

## Section C: Grievance Details

Type of Grievance (check all that apply)

Academic Freedom Violation

Unsafe Work Condition

Misapplication of Policy

Discriminatory or Harassing Treatment

Other: \_\_\_\_\_

\_\_\_\_\_  
Date(s) of Incident

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Description of Grievance (attach additional pages or documents as necessary):

## Section D: Informal Resolution Efforts

Did you attempt to resolve the issue directly with the other party? Yes No

Describe what steps you took and the outcome:

Did you submit an informal appeal to the President (or designee)? Yes No

Date Submitted: \_\_\_\_\_

Was mediation attempted? Yes No

Date of Mediation Request: \_\_\_\_\_

## Section E: Witnesses

List up to five (5) individuals who have knowledge of this issue. Include name and contact information if available.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Section F: Resolution Requested

What outcome or remedy are you seeking?

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## Section G: Affirmation and Signature

By signing this form, I affirm that the information provided is true to the best of my knowledge.  
I understand that knowingly submitting a false grievance may result in disciplinary action.

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Signature

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Date