

EASTERN VIRGINIA MEDICAL SCHOOL
GRIEVANCE/COMPLAINT FORM

To: Human Resources
CC: Immediate Supervisor

Date:

From:

DISCRIMINATION ALLEGED: YES NO If yes, please state the type of discrimination alleged
(e.g., race, national origin, sex, age, religion)

POLICY VIOLATION ALLEGED: YES NO If yes, please provide the EVMS Policy you allege has
been violated.

STATEMENT OF GRIEVANCE (Please briefly describe the action, situation about which you have a
problem or complaint? Be specific; give names, dates, location and any other relevant information.
Please limit statement to space provided).

RELIEF REQUESTED

EMPLOYEE NAME

DEPARTMENT

DATE

ELECTRONIC
SIGNATURE