EMPLOYEE GRIEVANCE AND APPEAL
This form may be used for appeals being filed pursuant P-110 or P-111.

Date______________________________

Department/Unit_____________________________________________

Name________________________________ Title__________________________

Name of Person(s) Grievance has been discussed and date on which the grievance was discussed with each.

____________________________________________________________________

____________________________________________________________________

Explanation of the grievance citing the specific policies or statute claimed to have been violated or inconsistently applied, or the constitutional right abridged.

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____________________________________________________________________

Requested Action(s):

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____________________________________________________________________

Employee’s Signature ___________________________ Date ________________

Human Resources Receipt Signature ___________________________ Date ________________

Completed Employee Grievance form must be submitted to Human Resources either in person or by mail to:

Human Resources Director
P.O. Box 22990
Knoxville, TN 37933