

Carolina Case Management Employee Grievance Form

Employee Name:
Date:
Job Title:
Date/Time/Place of Event Leading to Occurrence:
Detailed Account of Occurrence (include names of persons involved, if any):

** Attach additional pages as needed for further information regarding grievance/event

The grievant should retain a copy of this form for her/his records. Submission of the form should be consistent with the CCM Grievance Policy, including chain of command submission but also enabling Open Door Policy submission to appropriate staff members. The signature below indicates that you are filing a grievance and any information on this form is truthful.

Employee Signature: _____

Date: _____

Grievance Received By: _____

Date: _____

