

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER-Shreveport**  
**Department of Human Resource Management**

**EMPLOYEE GRIEVANCE RECORD**

(Please Print or Type)

EMPLOYEE'S NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

POSITION CLASSIFICATION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ IMMEDIATE SUPERVISOR \_\_\_\_\_

DEPARTMENT HEAD \_\_\_\_\_

DATE OF INCIDENT WHICH CAUSED GRIEVANCE \_\_\_\_\_

**STATEMENT OF GRIEVANCE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMEDY REQUESTED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(1st step of the University Grievance Procedure requires that this grievance be submitted to your immediate supervisor.)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

SEE REVERSE SIDE FOR OUTLINE OF GRIEVANCE PROCEDURE