

Grievance Form

A grievance or a complaint must be submitted in writing and within one week following the event or incident. It is highly recommended that any incident be reported as soon as possible and in writing.

To be completed by PhillyCAM member:

Name _____

Phone # _____ Email _____

Date member contacted Executive Director/Appeals Committee to file appeal or grievance ___/___/___.

State the problem or action alleged:

State the remedy or relief sought:

This section to be completed by PhillyCAM Executive Director:

Step 1:

Date Appeal Received _____

Grievance resolved? _____ Date Decision Sent to Member _____

Step 2: Suspension or Termination

Executive Director _____ HR Consultant/Director _____

Upheld or Overturned? _____ Date Decision Sent to Employee/Member _____

Step 3: Suspension or Termination

Date Appeal Received _____

Appeals Committee _____ HR Consultant/Director _____

Upheld or Overturned? _____ Date Decision Sent to Employee/Member _____