



Brigham Young University - Hawaii

# Grievance Form

Name: _____	Date: _____
Department: _____	
Supervisor: _____	
Individuals involved in your grievance: _____	
_____	

Tell us what you are grieving:

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Please attach additional information as needed and submit your grievance to the Human Resources office.

<p><b>Complaint Acknowledgment:</b> I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances are as I have described them.</p> <p>Signature: _____ Date: _____</p>
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