**FAIR** NOTICE FORM

COMPLAINT AND GRIEVANCE PROCESS

In order to seek fast and impartial resolution (FAIR) to alleged violation(s) of USNH policy, the employee is to submit this completed form to Human Resources (HR) within the established time requirements. Description of the issue is also to be included along with any documentation related to this grievance. It is suggested that you meet with your HR Partner prior to submitting this form. A meeting may be scheduled by calling HR at 862-0501.

please print or type

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work Home

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work Home

*Attach additional sheet if needed in completing section below:*

Check (X) “Complaint” or “Grievance:

\_\_\_\_\_\_Complaint \_\_\_\_\_\_Grievance – USNH Policy Violated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time of Occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**If a Complaint,** what is the problem/issue related to the workplace situation. Include the date you learned of the problem/issue, your desired outcome and list witnesses, if any.
*Attach separate sheet if necessary.*

**If a Grievance,** how was policy violated?
*Attach separate sheet if necessary.*

Desired Outcome:

# RETURN THIS FORM TO: UNH Human Resources, 2 Leavitt Lane, Durham, NH 03824