

Career Path Services' Grievance Form

If you believe Career Path Services or one of its employees has violated your rights and wish to file a formal grievance, please complete this form within 30 calendar days of the incident. Grievances not submitted within 30 calendar days will be considered non-existent.

If you need assistance, you may make your initial grievance verbally and request that Career Path Services' staff or an advocate of your choosing help put the grievance into writing. The cost of utilizing an outside advocate is your responsibility. We will respond in writing to your grievance within five business days with a proposed timeline for investigation into your claims and resolution.

Person making allegation:	
Address:	
Phone Number:	

Person(s) against whom the complaint is made:	
Description of the incident(s) in question and the date(s) of their occurrence:	
The specific rule, regulation, policy, process or procedure that was not properly applied, if any:	
Names of witnesses who can support the complaint:	
Any other facts the aggrieved believes to be pertinent:	
Desired remedy:	
<i>Optional:</i> Have legal proceedings involving this alleged incident been commenced before a state or local authority? If so, please include the date of such commencement and the name of the authority.	

Signature: _____ **Date:** _____

Submit this form to Human Resources at: 10 N Post Street Suite 200, Spokane WA 99201