



West Virginia Military Authority

EMPLOYEE GRIEVANCE FORM

Grievant's Information (Please Print)

Grievant's Full Name	Duty Station	Representative's Name
Home Address	Work Address	Home Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Phone Number	Phone Number	Phone Number
Email Address	Grievant's Job Classification	

Statement of Grievance (Indicate the specific policy, statute or regulation you claim was violated)

Relief Sought:

_____ Date Grievance Filed _____ Grievant's Signature

Level 1 Decision:

Signature: _____ Date: _____

Date Filed at Level 2: _____ Grievant's Signature: _____

Level 2 Decision: Concur Reject Modified

Statement of Modification: _____

Signature: _____ Date: _____

Date Submitted to General Counsel WVMA: _____ Grievant's Signature: _____

TAG Decision: Concur Reject Modified

Statement of Modification: _____

Signature: _____ Date: _____