



NPTC

NATIONAL PSYCHOLOGY TRAINING CONSORTIUM
Training Tomorrow's Psychologists

FORMAL GRIEVANCE FORM

THIS FORM MUST BE COMPLETELY FILLED OUT

Name:	Preferred Email: Preferred Phone:
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Names of all Respondents named in this grievance:

Role within agency:

Date of event leading to grievance: _____ Date you became aware of the event, *(if different)*: _____

Please identify any document or sanction that pertain to your grievance as appropriate.

Provide a summary of your grievance with facts that support your position:

If you are appealing a Review Officer determination, please provide a summary of your specific concerns with the decision and why you feel it was in error. Otherwise, leave this section blank:

Please describe your relief sought through this process:

File a copy of this form with the VP of Operations within ten (10) business days following either the grievance or Review Officer determination and retain a copy for filing at the next step if necessary. If you disagree with the determination of the Review Officer, you may complete the Review Officer section and file a copy of the grievance at the next step.

Step	Grievance Filed With:	Date
1		
2		