COUNCIL OF ADMINISTRATIV E PERSONNEL GRIEVANCE FORM

Date	
(PSOR\HH¶V 1DPH BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	ВВВЕ
Department:	
BOT Regulation Reference (Citation)	_
SUMMARY OF COMPLAINT [(Please include dates add tails of incider(s), attached separate sheet, if necessary])	
Remedy Soght:	
STEP ONE: GRIEVANCE COMMITTEE Date:	
COAP Committee	
FINDING/RESOLUTION: (Attach separate sheet, if necessary)	
Committee Chair Signature	_
Employee¶ V 6 L J Q D W X U H B Date:	_
STEPTWO: VICE PRESIDENT	
GRIEVANCE COMMITTEEFINDING/RESOLUTION: (Attach separate sheet, if necessary)	
Committee Chaißignature: Date:	

(see page 2)