



HEKTOEN INSTITUTE  
GRIEVANCE FORM  
Attn: Bettye Merriweather  
2240 W. Ogden Ave. 2nd Floor  
CHICAGO, IL. 60612  
Telephone: (312) 768-6000

NAME OF EMPLOYER \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee I.D. No. \_\_\_\_\_

Job Classification: \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Department Name/Area: \_\_\_\_\_

Nature of Grievance (include dates):

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

Article and/or Rule Violated: \_\_\_\_\_

Remedy

Sought: \_\_\_\_\_

\_\_\_\_\_

Date Answered at Step 1 \_\_\_\_\_ Supervisor \_\_\_\_\_

STEP II

Date Submitted \_\_\_\_\_

Employee \_\_\_\_\_ Signature \_\_\_\_\_

Answer Step II

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

Date Answer \_\_\_\_\_

Step III

Date Referred to Step III \_\_\_\_\_

Received \_\_\_\_\_