

COMMONWEALTH OF VIRGINIA

**EMPLOYEE GRIEVANCE PROCEDURE**

**GRIEVANCE FORM A – Dismissal Grievance**

(Submit completed form to EDR at contact information below.)

Employee's Full Name:		Job Title:	
Agency Name:		Facility Name:	
Home Address:		Work Telephone No. ( ) - ext .	Home Telephone No. ( ) -
		Work E-mail Address:	Home E-mail Address:
Dismissal Date:		Role Title:	
The issues are (use attachments if necessary):			
The facts supporting this are (use attachments if necessary):			
The relief I want is (use attachments if necessary):			
Date:	Employee's Signature:		
<p><i>Grievances must be submitted within 30 calendar days of the date the employee knew or should have known of the issue being grieved. The <u>Grievance Procedure Manual</u>, available on EDR's website, contains complete instructions for initiating, processing, and pursuing grievances. Contact the Office of Employment Dispute Resolution (EDR) if you have any questions.</i></p>			

<p><b>Qualified for a Hearing: (to be completed by EDR)</b></p> <p>Grievance is qualified in full.                  Grievance is qualified only in part, as described below (or in an attachment).                  Grievance is closed.</p>
Reasons (use attachments if necessary):



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