## Blackfeet Tribe Employee Grievance

Employee Name: E					
Supervisor:					
Description of Grievance:					
My Remedy to this situation is:					
Documentation attached:					
1	2.				
3	4				
Employee Signature:		Date:	_/	_/	
Received By:		Date:	/		

Revised January 2020 BTP20

Meeting Held On:/Persons in Attendance:					
Results of the Meeting:					
Signatures of Those in Attendance:					
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Employee	Supervisor				
. ,	·				
Other	Other				
Was the Grievance Resolved:					
Employee Signature:		Date:	/	/	
Employee signature.		Dute			
Personnel Department Date Stamp	Received by:				

Revised January 2020 BTP20