



# CCHRA-PUBLIC TRANSIT EMPLOYEE GRIEVANCE FORM

Mail all forms to: P.O. Box 719 Port Gibson, MS ATTN: Annie Conner, Executive Director

Claiborne County Human Resource Agency is committed to providing safe, reliable, and affordable transportation options to all passengers. We strive to resolve all grievances with fairness, professionalism and as expeditiously as possible in accordance with applicable CCHRA Board of Directors and/or State of Mississippi and/or Federal Guidelines. CCHRA does not discriminate against race, color, or national origin.

## GRIEVANT INFORMATION

PASSENGER NAME	DATE FORM SUBMITTED

## Employee / Rep Involved

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## PASSENGER MAILING ADDRESS

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## DETAILS OF EVENT LEADING TO GRIEVANCE

DATE, TIME, AND LOCATION OF EVENT	WITNESSES if applicable

ACCOUNT OF EVENT	VIOLATIONS
Provide a detailed account of the occurrence. Include the names of any additional persons involved.	Provide a list of any policies, procedures, or guidelines you believe have been violated in the event described.

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## PROPOSED SOLUTION

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Please retain a copy of this form for your own records. As the grievant, please provide your signature below, as it indicates that the information you've included on this form is truthful.

## SIGNATURES

PASSENGER SIGNATURE	DATE

RECEIVED BY: PRINTED NAME AND SIGNATURE	DATE

