

ACCESSIBLE HEALTHCARE SOLUTIONS, LLC  
**Standardized Employee Grievance Form E-12**

Please read the Accessible Healthcare Solutions Employee Grievance Procedure prior to filing a grievance.

<b>Employee Information</b>		
Employee's Name:	Job Title:	Department:
Social Security Number:	Daytime Phone:	Mailing Address:
<b>Grievance Information</b>		
Date of Occurrence: _____  <b>Note: Must be within 10 days of filing</b>	Have you discussed this issue with your supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no  Date(s) of discussion:	Supervisor's Name:   Supervisor's Phone:
<b>Issue of Grievance:</b> (Please read the list of issues that are not grievable on the back of this form.)  List specific problem(s)/issue(s). Example: written reprimand, leave without pay, etc.:  _____  For clarification of the issues of your grievance, please provide statements regarding the unfavorable employment decision/condition which is the subject of this grievance. (Describe what happened, when and where, how your employment has been affected, and indicate names of others involved. Attach any supporting documentation.)  _____ _____ _____ _____ _____		
<b>Relief Requested:</b> Indicate the action(s) that would resolve your grievance.  _____ _____		

My signature indicates that the information contained on this form and attachments to this form are true and factual to the best of my knowledge.

\_\_\_\_\_ Date \_\_\_\_\_ Employee's Signature

**Group Grievance:** If this is a group grievance, attach a list of all employees who are parties to the grievance. The list must include each employee's name, social security number, day time phone number and signature. The list must also designate one employee as spokesperson for the group.

For HR Department Use

\_\_\_\_\_ Date Received \_\_\_\_\_ Signature of HR Manager

Note: Grievance is not officially filed until this form is received by the HR Department

## **Non-Grievable Issues for Unclassified Employees**

The following issues are not eligible for processing through the Accessible Healthcare Solutions Employee Grievance Procedure.

1. Issues which are pending or have been concluded by the Louisiana Commission on Equal Opportunity, or through other administrative or judicial procedures.
2. Performance responsibilities, expectations, and evaluations.
3. Temporary work assignments.
4. Budget and organizational structure, including the number or assignments of positions in any organizational unit.
5. The selection of an individual to fill a position, unless it is alleged that the selection is in violation of an agency's written policy.
6. Termination, demotion, reassignment, furlough, layoff from duties because of lack of work, or other actions resulting from a reduction in the work force or job abolition.

If the subject of your grievance is related to any of the areas listed above, your grievance cannot be processed through the Employee Grievance Procedure.

### **Assistance**

Telephone: 318-445-2286  
Toll Free: 844-484-1993  
Fax: 318-445-8149  
Address: 5438 SHREVEPORT HIGHWAY  
Pineville, LA 71360

Mail, fax, or hand-deliver your grievance to the following:

*Accessible Healthcare Solutions  
Attn: Personnel Coordinator  
5438 SHREVEPORT HIGHWAY  
Pineville, LA 71360  
Fax: 318-445-8149*