



Employee Grievance Committee

South Atlantic Conference of Seventh-day Adventists

Fillable Compliance Certification Form

PLEASE READ CAREFULLY 

Please complete this form to indicate your compliance with the SAC Dispute and Conflict Resolution Protocol for Conference Employees and Workplaces. This form must be signed and emailed to the Employee Grievance Committee Chairperson before a hearing will be granted.

LAST NAME	FIRST NAME	POSITION	TODAY'S DATE

PLEASE PROVIDE A BRIEF DESCRIPTION AND HISTORY OF YOUR COMPLAINT BELOW

DATE OF STEP #1	A BRIEF STATEMENT OF THE ORIGIN OF THE PROBLEM	NAME THE INVOLVED PARTY	DESCRIBE THE OUTCOME
		<input type="radio"/> Employee	
		<input type="radio"/> Supervisor	
		<input type="radio"/> Human Res	
		<input type="radio"/> Other	
DATE OF STEP #2	A BRIEF STATEMENT OF THE ORIGIN OF THE PROBLEM	NAME THE INVOLVED PARTY	DESCRIBE THE OUTCOME
		<input type="radio"/> Supervisor	
		<input type="radio"/> Human Res	
		<input type="radio"/> ADCOM	
DATE OF STEP #3	A BRIEF STATEMENT OF THE ORIGIN OF THE PROBLEM	NAME THE INVOLVED PARTY	DESCRIBE THE OUTCOME
		<input type="radio"/> Human Res	
		<input type="radio"/> ADCOM	

I hereby certify that I have followed the above steps in seeking to resolve my concerns at the lowest level possible and with the fewest number of people necessary, based on the requirements of the SAC Dispute and Conflict Resolution Protocol for Conference Employees and Workplaces.

Signature:		Phone Number:	
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