



521 4th Street Havre Montana 59501 • Phone: 406-395-4305 • Fax: 406-395-5643 • www.bullhook.com

EMPLOYEE GRIEVANCE ACKNOWLEDGEMENT FORM

6012A

ACKNOWLEDGEMENT

I acknowledge that I, _____, received the Bullhook Community Health Center Grievance Policy & Procedure on ____/____/____. I understand that it is my responsibility to follow the procedure within the Grievance Policy if I decide to exercise my right to challenge the termination of my employment.

Employee's Printed Name

Signature of Employee

Supervisor's Printed Name

Signature of Supervisor

Date