



GRIEVANCE FORM

Please review the PRP Policies <https://ombudsman.nih.gov/PRPPilot.html> before completing the following form to submit your PRP grievance to prp@od.nih.gov.

Filing Date (Administration Only)		Grievance Id (Administration Only)	
Grievant's Name (Required)		Email (Required)	Phone (Required)
Supervisor's Name (Required)		Email (Required)	Phone (Required)
Institute/Center (Required)			

Are you are a member of a collective bargaining unit? (such as AFGE, FOP, IAFF, PSEU).

☐ Yes ☐ No If yes, please contact the PRP Office before submitting your grievance. <https://ombudsman.nih.gov/PRPPilot.html>

Date the matter you wish to grieve occurred or you became aware of the matter (Required)

(Rules of Date Submission: You cannot grieve a future event, please choose a date within the past 30 days that an event occurred or that you became aware of an event per the PRP policies).

I wish to grieve the following (Required) *(Please check all that apply)*

- ☐ Denial of Leave
- ☐ Absent Without Leave (AWOL)
- ☐ An Official Reprimand
- ☐ Decision to Suspend (for 14 days or less)
- ☐ Letter of Concern/Warning
- ☐ Other *(Please describe)*

Submit form and supporting Word and/ or PDF documents of the form to prp@od.nih.gov.

I request the following remedies (Required) *(Please check all that apply)*

- ☐ Approval of Leave
- ☐ Restoration of Leave
- ☐ Removal of Reprimand
- ☐ Reduction of Suspension
- ☐ Removal of Suspension
- ☐ Removal of Letter of Concern/Warning
- ☐ Other *(Please describe the remedy not on the list above)*

Do you have a representative?

☐ Yes ☐ No If yes, please provide representative's contact information below.

Representative's Name (Required)	Email (Required)	Phone (Required)
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By submitting your PRP grievance, you are acknowledging you have read and will comply with the PRP Policies.
<https://ombudsman.nih.gov/PRPPilot.html>