



GRIEVANCE FORM

Complaint # _____

Grievant's Name _____
(First) (MI) (Last)

Complete Home Address _____

(City) (State) (Zip)

Home Telephone # _____ Work Telephone # _____

Department _____ Job Title _____

Date you allege incident occurred: _____ Social Security # _____
(MM/DD/YR.)

What do you allege was done improperly? (be specific, who, what, how did it affect you. If a policy, rule, regulation was violated, cite the specific number):

What is the specific relief you request (must be consistent with law and policy)?

Grievant Instructions: I brought this complaint to my immediate supervisor's attention on _____
(MM/DD/YR.)
Signature of Grievant _____ Date Submitted in Writing _____
(MM/DD/YR.)

Immediate Supervisor' Certification: The above employee met with me on (date) _____ to discuss his/her grievance.

(Print Name & Title of Supervisor)
Signature of Supervisor _____ Date of Certification _____

Notice to Grievant: For Direct Appeals Only. If your grievance involves a disciplinary dismissal, your appeal will go directly to Step 4 (Personnel Board). If this situation applies, you must indicate whom your representative(s) will be at the fourth step.
I will , I will not be represented during this process.
My Representative(s): _____
(Name) (Title)

(Mailing Address)

(City) (State) (Zip)

(Telephone Number)

(HR Form # 20) **DISTRIBUTION**
White To Next Step
Green HR Copy
Yellow Grievant's Copy
Pink Appointing Authority's Copy
Canary Immediate Supervisor's Copy

HR USE ONLY
Date Rec'd.: _____
Log Date: _____
By: _____