



Name of agency

Grievance Form

Grievant's Name _____

Date filed _____ Division/Unit/Section _____

First Step

Grievance statement: / / Written below, OR / / See Attachment

Relief sought: / / Written below, OR / / See Attachment

Grievant's signature _____ Date _____

Cc: Human Resources Office

Grievant's Name: _____

First Step Response: Given by _____ Job Title _____
Response is / / Written below OR / / See Attachment

Signature _____ Date _____

Employee answer:

___ I am satisfied with the answer to my grievance.

___ I am not satisfied with the answer to my grievance and wish to have it referred to the Second Step.

Grievant's signature _____ Date _____

Cc: Human Resources Office

Grievant's Name: _____

Second Step

Second Step Response: Given by _____ Job title _____
Response is / / Written below OR / / See Attachment

Section head's signature _____ Date _____

Employee answer:

___ I am satisfied with the answer to my grievance.

___ I am not satisfied with the answer to my grievance and wish to have it referred to the Third Step.

Grievant's signature _____ Date _____

Cc: Human Resources Office

Third Step

Decision of appointing authority or designee: / / Written below OR / / See Attachment

Signature of appointing authority or designee _____ Date _____

Cc: Human Resources Office