



## GRIEVANCE FORM

An employee having a grievance should first discuss it on an informal basis with his/her supervisor. If the matter is not resolved by such informal discussion, then the employee has recourse to the grievance procedure as set forth in the Human Resources Policy Manual.

Did you review this grievance with your supervisor?

Yes	Date:	No
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*Step 1 (To be completed by employee within five (5) days following the grievable issue)*

Employee's name:
Job Title:
Supervisor's Name:
Date of Alleged Violation:
Human Resources Policy, Rule or Procedure Violated by the County:

*Statement of Grievance (this action or situation about which you have a dispute or difference. Be specific. Give names, dates, locations, etc.*

*Employee's suggested remedy*

Employee's Signature: \_\_\_\_\_

Date Presented to Supervisor:	
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*Step 1 – Section Supervisor (Non-Director) Level*

Section Supervisor's Signature:	
Date Step 1 Grievance Received:	
Date of Step 1 Conference (if applicable):	
Date Employee Advised of Step 1 Conference (if applicable):	

Did you review this grievance with the employee?

Yes	Date:	No
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*Step 1 - Section Supervisor's Answer (to be completed within five (5) days after receipt of the grievance form)*

Section Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature Acknowledging \_\_\_\_\_ Date: \_\_\_\_\_  
 Receipt of Step 1 Answer

Grievance is settled. \_\_\_\_\_ Date: \_\_\_\_\_  
 Employee Signature

**- OR -**

Grievance is unsettled and I wish to appeal to Step 2.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Employee Signature

*Step 2 - Department Director Level*

Department Director's Signature :	
Date Grievance Received :	
Date of Step 2 Conference (if applicable) :	
Date Employee Advised of Conference (if applicable) :	

*Step 2 – Department Director's Answer (to be completed by Department Director within five (5) days following receipt of Step 1 of the written grievance)*

\_\_\_\_\_  
Department Director's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature Acknowledging  
Receipt of Step 2 Answer

Date: \_\_\_\_\_

Grievance is settled. \_\_\_\_\_  
Employee's Signature

Date: \_\_\_\_\_

**- OR -**

Grievance is unsettled and I wish to appeal to Step 3.

\_\_\_\_\_  
Employee's Signature

Date: \_\_\_\_\_

*Step 3 – County Administrator Level*

Signature Acknowledging Receipt by Human Resources	
Date Received	
Name of Designee Assigned	

*Step 3 - Designee's Recommendation (to be completed within ten (10) days of receipt by Human Resources of Step 2 of the written grievance)*

\_\_\_\_\_  
Designee's Signature

Date: \_\_\_\_\_

Signature Acknowledging Receipt by County Administrator	
Date Recommendation Received	

The County Administrator concurs with the Designee's recommendation.

\_\_\_\_\_  
County Administrator's Signature

Date: \_\_\_\_\_

**- OR -**

The County Administrator's decision is below.

*Step 3 - County Administrator's decision (to be completed within ten (10) days of receipt of Designee's recommendation)*

\_\_\_\_\_  
County Administrator's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature Acknowledging  
Receipt of Decision

Date: \_\_\_\_\_