

GRIEVANCE REPORT FORM

SECTION I. TO BE COMPLETED BY EMPLOYEE(S)

NAME(S) OF GRIEVANT(S): _____
DATE SUBMITTED: _____
DEPARTMENT: _____
JOB TITLE: _____
DATE GRIEVANCE OCCURRED: _____
STEP OF GRIEVANCE PROCEDURE: STEP 1, STEP 2, STEP 3 (CIRCLE ONE)

STATE GRIEVANCE WITH SPECIFIC INFORMATION, INCLUDING POLICY, RULE OR STATUTE THAT YOU BELIEVE HAS BEEN VIOLATED:

RELIEF SOUGHT:

SIGNATURE OF GRIEVANT(S)

DATE SIGNED

SECTION II. TO BE COMPLETED BY ADMINISTRATIVE PERSONNEL

STEP OF GRIEVANCE PROCEDURE: STEP 1, STEP 2, STEP 3 (CIRCLE ONE)

DISPOSITION: _____

SIGNATURE AND TITLE

DATE SIGNED

- STEP 1: GRIEVANT TO SUPERVISOR WITHIN 3 DAYS OF SITUATION. SUPERVISOR TO REPLY WITHIN 3 WORKING DAYS.
STEP 2. GRIEVANT TO DEPARTMENT DIRECTOR WITHIN 2 DAYS OF STEP 1 RESPONSE. DEPARTMENT DIRECTOR TO MEET WITH GRIEVANT WITHIN 3 DAYS, AND RESPOND IN WRITING WITHIN 5 DAYS.
STEP 3. GRIEVANT TO COUNTY ADMINISTRATOR WITHIN 2 DAYS OF STEP 2 RESPONSE. COUNTY ADMINISTRATOR TO MEET WITH GRIEVANT WITHIN 3 DAYS, AND RESPOND IN WRITING WITHIN 5 DAYS. THIS DECISION IS FINAL AND BINDING.