

Cc: Human Resources Office

Grievance Form

	Name of agency	
	Grievance Form	
Grievant's Name		
Date filed	Division/Unit/Section	
	<u>First Step</u>	
Grievance statement: / /	Written below, OR / / See Attachment	
Deliaf sought. / / Writton	holow OD / / Coo Attachment	
<u>keller sought</u> : / / whiten	below, OR / / See Attachment	
Grievant's signature	Date	

Grievant's Name:	
First Step Response: Given by	Job Title
First Step Response: Given by	Job Title / See Attachment
Signatura	Data
Signature	_ Date
Employee answer:	
I am satisfied with the answer to my gri	evance.
I am not satisfied with the answer to m Step.	grievance and wish to have it referred to the Second
Grievant's signature	Date
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Grievant's Name:	

Second Step

Second Step Respo	onse: Given by		Job title	
Response is / /	Written below OR	/ / See At	tachment	
Section head's sign	ature		Date	
Employee answer:				
Lam satisfied w	vith the answer to my	v grievance		
ram satisfied w	vicii tile diiswer to iii	y grievariee.		
I am not satisfi	ed with the answer t	o my grievanc	e and wish to have	it referred to the Third
Step.				
Criavant's signatur			Data	
Grievani s signatur	e		Date	
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		Third Ste	<u>ep</u>	
Decision of annoint	ting authority or desi	gnee· / /	Written helow OR	/ / See Attachment
Decision of appoint	ing authority of design	grice. / /	Written below on	/ / See Attachment
Cianatura ef erec			Б.	_
Signature of appoir	nting authority or des	ignee	Date	e
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