GOVERNMENT GRIEVANCE FORM



GRIEVANT INFORMATION	
EMPLOYEE NAME	DATE FORM SUBMITTED
JOB TITLE	DATE GRIEVANCE OCCURRED
JOB III.E	DATE ORIEVANCE OCCURRED
WORK TELEPHONE NO. with EXT.	HOME TELEPHONE NO.
WORK EMAIL ADDRESS	HOME EMAIL ADDRESS
WORKDI A CE MAHING ADDRESS	HOME MAILING ADDRESS
WORKPLACE MAILING ADDRESS	HOME MAILING ADDRESS
GOVERNMENT AGENCY INFORMATION	
AGENCY NAME	FACILITY NAME
GRIEVANT IMMEDIATE SUPERVISOR NAME AND TITLE	GRIEVANT IMMEDIATE SUPERVISOR PHONE AND EMAIL
Grievances must be submitted within 30 calendar days of the date the	e employee knew or should have known of the issue being grieved.
Check if you decided not to present this grievance to your imm	
Discrimination or Retaliation by Immediate Supervisor	
Grieving disciplinary action issued by someone other than Imme	ediate Supervisor
DETAILS OF EVENT LEADING TO OBJEVANCE	
DETAILS OF EVENT LEADING TO GRIEVANCE	
DATE, TIME, AND LOCATION OF EVENT	
WITNESSES if applicable	
ACCOUNT OF EVENT use attachments if necessary	
Provide a detailed account of the occurrence. Include the names	of any additional persons involved.

VIOLATIONS use attachments if necessary			
Provide a list of any policies, procedures, or guidelin	nes you believe h	ave been violated in the event des	scribed.
PROPOSED SOLUTION use attachments if necessary			
Please retain a copy of this form for your own records on this form is truthful.	s. As the grievan	t, your signature below indicates th	at the information you've provided
SIGNATURES			
GRIEVANT NAME	GRIEVANT SIG	GNATURE	DATE
RECEIVER NAME	RECEIVER SIG	SNATURE	DATE
			57.112
SUBMISSION PROCESS			
COMPLETED FORMS SHOULD BE SUBMITTED TO		IN THE CASE OF BYPASSING IMME	
		PLEASE SUBMIT COMPLETED FORM	10

RESOLUTION STEP 1 - RESPONDENT		
STEP 1 RESPONDENT NAME	DATE RECEIVED	
CTER 1 RECOGNIFICATE DUONE THE EVE	CTER 1 RECRONDENT FALAU	
STEP 1 RESPONDENT PHONE with EXT	STEP 1 RESPONDENT EMAIL	
RESPONSE use attachments if necessary		
STEP 1 RESPONDENT SIGNATURE		DATE
RESOLUTION STEP 1 - GRIEVANT		
GRIEVANT NAME	DATE RECEIVED	
GRIEVANT COMMENTS OPTIONAL use attachments if necessary		
ORIEVANT COMMENTS OF HOLVAL USE directificing in riccossary		
he employee is responsible for having the grievance delivered to the	e proper person or office within five workd	ays.
GRIEVANT RESPONSE (check one):		
I conclude my grievance and am returning it to the Human Res	ources Office.	
I advance my grievance to Step 2.		
GRIEVANT SIGNATURE		DATE
ORIEVANI SIGNATURE		DAIL

RESOLUTION STEP 2 - RESPONDENT		
STEP 2 RESPONDENT NAME	DATE RECEIVED	
CTER O RECOGNIFICATE DUCATE WITH EVY	CTED O DECDONDENT FAAAU	
STEP 2 RESPONDENT PHONE with EXT	STEP 2 RESPONDENT EMAIL	
RESPONSE use attachments if necessary		
CTED O DECRONDENT CIONATURE		DATE
STEP 2 RESPONDENT SIGNATURE		DATE
DESCRIPTION STEP 2 CRIEVANT		
RESOLUTION STEP 2 - GRIEVANT	DATE DECEMEN	
RESOLUTION STEP 2 - GRIEVANT GRIEVANT NAME	DATE RECEIVED	
	DATE RECEIVED	
GRIEVANT NAME	DATE RECEIVED	
	DATE RECEIVED	
GRIEVANT NAME	DATE RECEIVED	
GRIEVANT COMMENTS OPTIONAL use attachments if necessary		
GRIEVANT COMMENTS OPTIONAL use attachments if necessary the employee is responsible for having the grievance delivered to the		ays.
GRIEVANT COMMENTS OPTIONAL use attachments if necessary the employee is responsible for having the grievance delivered to the GRIEVANT RESPONSE (check one):	e proper person or office within five workd	ays.
GRIEVANT COMMENTS OPTIONAL use attachments if necessary The employee is responsible for having the grievance delivered to the GRIEVANT RESPONSE (check one): I conclude my grievance and am returning it to the Human Res	e proper person or office within five workd	ays.
GRIEVANT COMMENTS OPTIONAL use attachments if necessary The employee is responsible for having the grievance delivered to the GRIEVANT RESPONSE (check one):	e proper person or office within five workd	ays.
GRIEVANT COMMENTS OPTIONAL use attachments if necessary The employee is responsible for having the grievance delivered to the GRIEVANT RESPONSE (check one): I conclude my grievance and am returning it to the Human Res	e proper person or office within five workd	ays.
GRIEVANT COMMENTS OPTIONAL use attachments if necessary The employee is responsible for having the grievance delivered to the GRIEVANT RESPONSE (check one): I conclude my grievance and am returning it to the Human Res	e proper person or office within five workd	ays.

RESOLUTION STEP 3 - RESPONDENT		
STEP 3 RESPONDENT NAME	DATE RECEIVED	
STEP 3 RESPONDENT PHONE with EXT	STEP 3 RESPONDENT EMAIL	
SILF S RESPONDENT FROME WITH EAT	SILF S RESPONDENT EMAIL	
RESPONSE use attachments if necessary		
STEP 3 RESPONDENT SIGNATURE		DATE
RESOLUTION STEP 3 - GRIEVANT		
GRIEVANT NAME	DATE RECEIVED	
GRIEVANT COMMENTS OPTIONAL use attachments if necessary		
The employee is responsible for having the grievance delivered to the	e proper person or office within five worke	lavs.
GRIEVANT RESPONSE (check one):	- Fire St. Postoni di dining maning maning	,
I conclude my grievance and am returning it to the Human Res	ources Office.	
I advance my grievance to the next step and request qualification		
GRIEVANT SIGNATURE		DATE
- CRIEVARY SIGNATURE	33333	DAIL

	DATE RECEIVED	
AGENCY HEAD PHONE with EXT	AGENCY HEAD EMAIL	
QUALIFICATION FOR A HEARING (check one):		
Grievance is qualified in full.		
Grievance is qualified only in part, as described by agency hea	ad below (or in an attachment).	
Grievance is not qualified.		
REASONS use attachments if necessary		
AGENCY HEAD SIGNATURE		DATE
QUALIFICATION FOR HEARING - GRIEVANT		
QUALIFICATION FOR HEARING - GRIEVANT GRIEVANT NAME	DATE RECEIVED	
	DATE RECEIVED	
	DATE RECEIVED	
	DATE RECEIVED	
GRIEVANT NAME	DATE RECEIVED	
GRIEVANT NAME GRIEVANT COMMENTS OPTIONAL use attachments if necessary This form must be returned to the Human Resources Office within five		nd's qualification decision.
GRIEVANT NAME GRIEVANT COMMENTS OPTIONAL use attachments if necessary This form must be returned to the Human Resources Office within five		d's qualification decision.
GRIEVANT NAME GRIEVANT COMMENTS OPTIONAL use attachments if necessary This form must be returned to the Human Resources Office within five		nd's qualification decision.
GRIEVANT COMMENTS OPTIONAL use attachments if necessary This form must be returned to the Human Resources Office within five The agency will retain the original.	workdays after receipt of the agency hed	d's qualification decision.
GRIEVANT COMMENTS OPTIONAL use attachments if necessary This form must be returned to the Human Resources Office within five the agency will retain the original. GRIEVANT RESPONSE (check one):	workdays after receipt of the agency hed	
GRIEVANT COMMENTS OPTIONAL use attachments if necessary This form must be returned to the Human Resources Office within five The agency will retain the original. GRIEVANT RESPONSE (check one): I conclude my grievance and am returning it to the Human Resources.	workdays after receipt of the agency hed	
GRIEVANT COMMENTS OPTIONAL use attachments if necessary This form must be returned to the Human Resources Office within five The agency will retain the original. GRIEVANT RESPONSE (check one): I conclude my grievance and am returning it to the Human Resources I appeal the agency head's qualification decision and ask the [If partial qualification] I waive any further right of appeal on an	workdays after receipt of the agency hed sources Office. Human Resources Office to forward the s	grievance record to:
GRIEVANT COMMENTS OPTIONAL use attachments if necessary This form must be returned to the Human Resources Office within five The agency will retain the original. GRIEVANT RESPONSE (check one): I conclude my grievance and am returning it to the Human Result of the Impeal the agency head's qualification decision and ask the	workdays after receipt of the agency hed sources Office. Human Resources Office to forward the s	grievance record to:
GRIEVANT COMMENTS OPTIONAL use attachments if necessary This form must be returned to the Human Resources Office within five The agency will retain the original. GRIEVANT RESPONSE (check one): I conclude my grievance and am returning it to the Human Resources of the Human Resource and the agency head's qualification decision and ask the [If partial qualification] I waive any further right of appeal on an a hearing officer.	workdays after receipt of the agency hed sources Office. Human Resources Office to forward the s	grievance record to: to request appointment of
GRIEVANT COMMENTS OPTIONAL use attachments if necessary This form must be returned to the Human Resources Office within five The agency will retain the original. GRIEVANT RESPONSE (check one): I conclude my grievance and am returning it to the Human Resources I appeal the agency head's qualification decision and ask the [If partial qualification] I waive any further right of appeal on an	workdays after receipt of the agency hed sources Office. Human Resources Office to forward the s	grievance record to:
GRIEVANT COMMENTS OPTIONAL use attachments if necessary This form must be returned to the Human Resources Office within five The agency will retain the original. GRIEVANT RESPONSE (check one): I conclude my grievance and am returning it to the Human Resources of the Human Resource and the agency head's qualification decision and ask the [If partial qualification] I waive any further right of appeal on an a hearing officer.	workdays after receipt of the agency hed sources Office. Human Resources Office to forward the s	grievance record to: to request appointment of

QUALIFICATION FOR HEARING - AGENCY HEAD

DISCLAIMER

Any articles, templates, or information provided by Smartsheet on the website are for reference only. While we strive to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability, or availability with respect to the website or the information, articles, templates, or related graphics contained on the website. Any reliance you place on such information is therefore strictly at your own risk.