



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