



## Grievance Form

Instructions: Use this form for a standard grievance. Please print or type. Keep a copy for your records.

**Employee Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Statement of Grievance:** \_\_\_\_\_

Relief Requested:

**Do you allege illegal discrimination? \_\_\_ Yes \_\_\_ No. If "Yes", type of discrimination alleges (race, national origin, sex, age, religion, disability)**

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Reporting Chain:**

Immediate Supervisor (Name): \_\_\_\_\_

Date of discussion with immediate supervisor: \_\_\_\_\_

Date employee sent written response from immediate supervisor: \_\_\_\_\_

Human Resources Director (Name): \_\_\_\_\_

Date grievance form was submitted to Human Resources Director: \_\_\_\_\_

Date of discussion with Human Resources Director; \_\_\_\_\_

Date employee sent written response from Human Resources Director: \_\_\_\_\_

Date grievance form was submitted to Civil Service Commission: \_\_\_\_\_

Date of discussion with Civil Service Commission: \_\_\_\_\_

Date employee sent written response from Civil Service Commission: \_\_\_\_\_