

GRIEVANCE FORM CLASSIFIED EMPLOYEES

NAME: _____ DATE : _____

DEPARTMENT: _____ JOB TITLE: _____

FIRST STEP

GRIEVANCE STATEMENT

RELIEF SOUGHT

Grievant's Signature _____ Date: _____

FIRST STEP RESPONSE

Respondent's Signature: _____ Date: _____

Employee Answer (mark one)

- ☐ 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 next step.

Grievant's Signature _____ Date: _____

SECOND STEP

Section, Division, or Unit Head

Reply to Employee Grievance:

Respondent's Signature: _____ Date: _____

Employee Answer (mark one)

- ☐ 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 next step.

Grievant's Signature _____ Date: _____

THIRD STEP

**Decision of Appointing Authority or Designee
(Director of Human Resources):**

Respondent's Signature: _____ Date: _____