

**8.19 - CLASSIFIED EMPLOYEE GRIEVANCE FORM**

Name: \_\_\_\_\_

Date submitted to supervisor: \_\_\_\_\_

Step 1 \_\_\_\_ Step 2 \_\_\_\_ Step 3 \_\_\_\_ Step 4 \_\_\_\_ Step 5 \_\_\_\_

Grievance is based upon personnel policy # & heading \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grievance (Be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would resolve your grievance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Response

Date submitted to recipient: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Adopted: June 12, 2007

Last Revised: