



**VIOLATIONS** use attachments if necessary

Provide a list of any policies, procedures, or guidelines you believe have been violated in the event described.

**PROPOSED SOLUTION** use attachments if necessary

Please retain a copy of this form for your own records. As the grievant, your signature below indicates that the information you've provided on this form is truthful.

**SIGNATURES**

GRIEVANT NAME	GRIEVANT SIGNATURE	DATE

RECEIVER NAME	RECEIVER SIGNATURE	DATE

**SUBMISSION PROCESS**

COMPLETED FORMS SHOULD BE SUBMITTED TO	IN THE CASE OF BYPASSING IMMEDIATE SUPERVISOR, PLEASE SUBMIT COMPLETED FORM TO

**RESOLUTION STEP 1 – RESPONDENT**

STEP 1 RESPONDENT NAME

DATE RECEIVED

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**The employee is responsible for having the grievance delivered to the proper person or office within five workdays.**

GRIEVANT RESPONSE (check one):

I conclude my grievance and am returning it to the Human Resources Office.

I advance my grievance to Step 2.

GRIEVANT SIGNATURE

DATE

**RESOLUTION STEP 2 – RESPONDENT**

STEP 2 RESPONDENT NAME

DATE RECEIVED

STEP 2 RESPONDENT PHONE with EXT

STEP 2 RESPONDENT EMAIL

**RESPONSE** use attachments if necessary

STEP 2 RESPONDENT SIGNATURE

DATE

**RESOLUTION STEP 2 – GRIEVANT**

GRIEVANT NAME

DATE RECEIVED

**GRIEVANT COMMENTS** OPTIONAL use attachments if necessary**The employee is responsible for having the grievance delivered to the proper person or office within five workdays.**

GRIEVANT RESPONSE (check one):

I conclude my grievance and am returning it to the Human Resources Office.

I advance my grievance to Step 3.

GRIEVANT SIGNATURE

DATE

**RESOLUTION STEP 3 – RESPONDENT**

STEP 3 RESPONDENT NAME

DATE RECEIVED

STEP 3 RESPONDENT PHONE with EXT

STEP 3 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 proper person or office within five workdays.**

GRIEVANT RESPONSE (check one):

I conclude my grievance and am returning it to the Human Resources Office.

I advance my grievance to the next step and request qualification of my grievance for hearing.

GRIEVANT SIGNATURE

DATE

**QUALIFICATION FOR HEARING – AGENCY HEAD**

AGENCY HEAD	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 head below (or in an attachment).

 Grievance is not qualified.
**REASONS** use attachments if necessary

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**AGENCY HEAD SIGNATURE****DATE**

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**QUALIFICATION FOR HEARING – GRIEVANT**

GRIEVANT NAME	DATE RECEIVED
GRIEVANT COMMENTS OPTIONAL use attachments if necessary	

**This form must be returned to the Human Resources Office within five workdays after receipt of the agency head's qualification decision. The agency will retain the original.**

**GRIEVANT RESPONSE (check one):**
 I conclude my grievance and am returning it to the Human Resources Office.

 I appeal the agency head's qualification decision and ask the Human Resources Office to forward the grievance record to:

 [If partial qualification] I waive any further right of appeal on any unqualified issues and ask the agency to request appointment of a hearing officer.
**GRIEVANT SIGNATURE****DATE**

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