

INTERNAL AGENCY GRIEVANCE RESOLUTION FORM

INSTRUCTION FOR COMPLETION

You must complete both sides of this form and file it with your agency grievance manager:

- Please print or type
- Submit the original and attach any relevant documents
- Do not submit documents which you want returned
- For further information on the internal agency grievance resolution procedure see the agency internal agency grievance resolution procedure in DRS:3-3-91 *et seq.*

FOR AGENCY USE ONLY

AGENCY GRIEVANCE NUMBER:

NAME (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER

ADDRESS (Street Number, P.O. Box, State, Zip Code)

WORK TELEPHONE ()

HOME TELEPHONE ()

JOB CODE

JOB TITLE

REPRESENTATIVE (Name, Address and Telephone Number)

SPOKESPERSON-FOR GROUP GRIEVANCE ONLY (Name, Address and Telephone Number)

I believe the following provisions of the Personnel Administration Rules or agency policy, procedure or rules have been violated:

BRIEFLY DESCRIBE ACTIONS TAKEN WITH YOUR SUPERVISOR TO RESOLVE THIS DISPUTE INFORMALLY-
INCLUDE THE NAME OF THE SUPERVISOR AND THE DATE OF THE DISCUSSION

Name of Supervisor _____

Date _____

YOU MUST COMPLETE BOTH SIDES OF THIS FORM

REASON FOR GRIEVANCE (Be specific as to the reason you are filing this grievance and include specific facts, names, dates, places, etc.)

REMEDY (Briefly state the remedy or relief you are seeking from this grievance.)

I declare that I have read this grievance and the statements contained herein are true to the best of my knowledge and belief.

Signature of Employee _____ Date _____