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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GRIEVANCE FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART I: To be completed by the Grievant** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | |
|  | | | | Last | | | | | | | | First | | | | | | | | | | | Middle | | | | |
|  | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | |
| People First ID: | | | | | | |  | | | Phone#: | | |  | | | | | Supervisor: | | | | | | |  | | |
|  | | | | | | |  | | | | |  | | |  | | | | | | | |  | | |  | |
| Position Title: | | | | | |  | | | | | | | | | Process Area: | | | |  | | | | | | | | |
|  | | | | | |  | | | | | | | | |  | |  | | | | | | | | | | |
| Office: | | |  | | | | | | | | | | | | | | | | | | | City: | | |  | | |
|  | | | | |  | | | | | | | | | | | | | | | | |  | | | |  | |
| Date of the event giving rise to this grievance: | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Date this written grievance was provided to immediate supervisor: | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | ***Filing Date*** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Grievance described in detail, including: | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. | | Provide a statement of the grievance and the facts upon which it is based: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | Provide an allegation of the **specific** wrongful act and harm done: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | Provide a statement of the remedy or adjustment sought: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach additional sheets if necessary. A grievance will be considered incomplete if any of these items are missing. The Supervisor handling the grievance shall only consider issues clearly articulated on or attached to this grievance form. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | | | | | | | | | |  | | | | | | |
|  | | Date | | | | | | |  | | | | | | | | | | | | Signature of Grievant | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART II: To be completed by Supervisor and Program Division Director/or Comparable** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Date Received** | | | | | | | **Date of Meeting** | | | **Step Level** | | | | | | | | | | | | | | **Received By** | |  |
|  |  | | | | | | |  | | | 1. Immediate Supervisor | | | | | | | | | | | | | |  | |  |
|  |  | | | | | | |  | | | 2. Program Division Director/or  Comparable | | | | | | | | | | | | | |  | |  |
| **ATTACH DATED, WRITTEN RESPONSES.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART III: To be completed by the Grievant** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Date written response was received from** | | | | | | | | | | | | | **Resolved** | | | | | | Date Submitted To Next Level | | | | | | |  |
|  | **Supervisor:** | | | | | | | | | | | | | Y | | N | | | |  | | | | | | |  |
|  | **Program Division Director/or Comparable:** | | | | | | | | | | | | | Y | | | | | | Decision at this Level is Final. | | | | | | |  |

**INSTRUCTIONS**

**Step One** - A Career Service employee with permanent status in current job class may submit a signed Career Service grievance on COM Form HRM-7 to his/her immediate supervisor within fourteen (14) calendar days following the occurrence of the event giving rise to the grievance. The supervisor must meet with the grievant to discuss the grievance and provide a written response to the grievant within seven (7) business days following receipt of the grievance.

*Note: Supervisor should discuss grievance with higher level managemet, if necessary, prior to responding at this level.*

**Step Two** - If the grievant is dissatisfied with the response of his or her supervisor, the grievant may submit the written grievance to the Program Division Director/or Comparable within seven (7) business days following receipt of the written response of the supervisor. The Program Division Director/or Comparable must meet with the grievant to discuss the grievance within five {5) business days following receipt of the grievance. The Program Division Director/or Comparable must respond in writing to the grievant within five {5) business days following the meeting.

The written decision of the Program Division Director/or Comparable shall be the final authority. Such grievances may not be appealed beyond Step Two.