



Human Resources

Attachment 1

FORMAL GRIEVANCE/COMPLAINT FORM

Employee' Name:

Date of Filing:

Employee's Classification

Division

Name and Title of Person Accepting Form:

Give a detailed explanation of the grievance/complaint. Please include the date(s) and evidence to support the specific allegation of harm and the basis for the alleged claim.

Indicate the name(s) of person(s) who are alleged to be responsible:

What remedy/requested action and/or adjustment are you requesting? Please be specific:

Employee Signature

Date