

# NEXT ADMINISTRATIVE LEVEL GRIEVANCE FORM STEP 2

Employee Name: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Name of Higher Supervisor: \_\_\_\_\_  
Work Location: \_\_\_\_\_

STATEMENT OF GRIEVANCE AND OUTCOME OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR. (STEP 1):

SPECIFIC POLICY OR REGULATION ALLEGED TO HAVE BEEN VIOLATED (CITE SOURCE):

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

REMEDY SOUGHT (BE SPECIFIC):

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, GRIEVANT SHALL PRESENT ORIGINAL AND COPIES #2, #3 AND #4 TO THE SUPERVISOR AT THE NEXT ADMINISTRATIVE LEVEL. COPY #5 SHOULD BE RETAINED BY GRIEVANT.

IMMEDIATE SUPERVISOR'S RESPONSE:

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, THE SUPERVISOR AT THE NEXT ADMINISTRATIVE LEVEL SHALL RETAIN ORIGINAL, PRESENT COPY #2 TO GRIEVANT, COPY #3 TO THE GRIEVANT'S IMMEDIATE SUPERVISOR, AND FORWARD COPY #4 TO DEPARTMENT/AGENCY HEAD.

**DEPARTMENT HEAD GRIEVANCE FORM -  
STEP 3**

APPEAL TO DEPARTMENT/AGENCY HEAD - ALL PORTIONS OF THIS SECTION MUST BE COMPLETED BY THE GRIEVANT (COPY #2) OF COMPLETED GRIEVANCE FORM - STEP 2 MUST BE ATTACHED:

**REASON FOR APPEAL**

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**REMEDY SOUGHT (BE SPECIFIC)**

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DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, GRIEVANT SHALL PRESENT ORIGINAL AND COPIES #2, #3, #4 AND #5 TO THE DEPARTMENT HEAD. COPY #6 SHOULD BE RETAINED BY GRIEVANT.

**DECISION OF DEPARTMENT/AGENCY HEAD**

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DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, DEPARTMENT/AGENCY HEAD SHALL RETAIN ORIGINAL AND FORWARD COPY #2 TO GRIEVANT, COPY #3 TO GRIEVANT'S IMMEDIATE SUPERVISOR, COPY #4 TO THE SUPERVISOR AT THE NEXT ADMINISTRATIVE LEVEL, AND COPY #5 TO THE DEPARTMENTAL GRIEVANCE COMMITTEE.

## GRIEVANCE REVIEW BOARD GRIEVANCE FORM - STEP 4

REQUEST FOR COMMITTEE OF REVIEW. THIS SECTION MUST BE COMPLETED BY THE GRIEVANT.  
THE COPIES OF COMPLETED GRIEVANCE FORMS IN STEP 2 AND STEP 3 MUST BE ATTACHED.

I HEREBY REQUEST THAT THE GRIEVANCE REVIEW BOARD BE CONVENED TO CONSIDER THE  
GRIEVANCE OUTLINED ON THE ATTACHMENTS.

MY REPRESENTATIVE IS (OPTIONAL): \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, GRIEVANT SHALL PRESENT ORIGINAL, COPIES #2 AND #3  
AND ALL ATTACHMENTS TO THE DIRECTOR OF ADMINISTRATION. COPY #4 SHOULD BE RETAINED  
BY GRIEVANT.

### REPORT OF GRIEVANCE REVIEW BOARD:

SIGNED COPIES OF THE REPORT OF THE GRIEVANCE REVIEW BOARD SHALL BE ATTACHED TO  
GRIEVANCE FORMS. ORIGINAL SHALL BE PLACED IN THE GRIEVANCE FILE. COPY #2 TO THE  
GRIEVANT, AND COPY #3 SHALL BE FORWARDED TO THE DEPARTMENT/AGENCY HEAD.

DATE OF FORMATION OF GRIEVANCE REVIEW BOARD: \_\_\_\_\_

DATE OF SUBMISSION OF REPORT OF GRIEVANCE REVIEW BOARD: \_\_\_\_\_

# CIVIL SERVICE COMMISSION GRIEVANCE FORM - STEP 5

## APPEAL TO THE CIVIL SERVICE COMMISSION:

IF THIS SECTION IS COMPLETED BY THE GRIEVANT, COPIES OF THE COMPLETED GRIEVANCE FORMS IN STEPS 2, 3, AND 4 AND THE REPORT OF THE GRIEVANCE REVIEW BOARD MUST BE ATTACHED.

I HEREBY REQUEST THAT THE GRIEVANCE OUTLINED ON THE ATTACHMENTS BE REVIEWED BY THE CIVIL SERVICE COMMISSION.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, GRIEVANT OR DEPARTMENT/AGENCY HEADS SHALL PRESENT ORIGINAL, COPY #2 AND COPY #3 AND ALL ATTACHMENTS TO THE CIVIL SERVICE COMMISSION. COPY #4 SHOULD BE RETAINED BY GRIEVANT OR DEPARTMENT/AGENCY HEAD. THE DIRECTOR OF ADMINISTRATION SHALL FORWARD THE GRIEVANCE FILE TO THE CIVIL SERVICE COMMISSION UPON REQUEST BY GRIEVANT OR DEPARTMENT HEAD.

## CIVIL SERVICE COMMISSION REPLY:

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DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, COPY #2 WILL BE PRESENTED TO GRIEVANT AND COPY #3 TO THE DEPARTMENT/AGENCY HEAD. THE ORIGINAL AND ALL ATTACHMENTS SHALL BE PLACED IN THE GRIEVANCE FILE. THE FILE IS PLACED IN A PERMANENT FILE WITH THE CIVIL SERVICE COMMISSION.