



GRIEVANCE FORM

Marshall County, Alabama

THIS FORM MUST BE COMPLETELY FILLED OUT

INSTRUCTIONS: The grievance procedure has three steps. The first step is an informal resolution between you and your immediate supervisor. Should step one fail; the second step is using this form as a formal written grievance. This form must be submitted to your appointing authority within five (5) calendar days from the date of the grievable event. Should step two fail, you may notify the Personnel Administrator and ask for a formal hearing or review by the Personnel Board. This notification must be received within ten (10) calendar days of receiving management's response in step two.

Name of Grievant				Date of Hire (<i>Latest</i>)	
Home mailing Address		City	State	Zip Code	
Job Title			Home Phone		
Department	Division	Section	Work Phone		
Date and Place of event leading to grievance					
<u>Specific statement of written law, rule, policy, and/or procedure violated:</u>					
<u>Previous supervisory decisions, if any:</u>					
<u>Detailed description of grievance including names of persons involved:</u>					
<u>Solution or remedy you are seeking:</u>					

Employee's Signature

Date

Appointing Authority's Signature

Date received from employee

Name: _____

WITNESS IDENTIFICATION LIST

Please complete for any person(s) that you feel may have information about your complaint and that you want interviewed. Provide a brief statement concerning what information you believe this witness can provide (you may attach additional sheets). **Please return this form within three (3) days.**

(1) Witness Name: _____
Home Phone #: _____
Work Phone #: _____

BRIEF STATEMENT:

(2) Witness Name: _____
Home Phone #: _____
Work Phone #: _____

BRIEF STATEMENT:

(2) Witness Name: _____
Home Phone #: _____
Work Phone #: _____

BRIEF STATEMENT: