Formal Report of Complaint/Grievance

Complete all blanks. Use additional sheets if necessary.

Employee's Name:

Personal Information

Personnel Number:

Home Address:	Home Telephone:			
Department:	Immediate Supervisor:			
Employee's Job Title:	Employee's Work Telephone:			
	Information			
What policy, procedure, practice, law, department regular	ation, etc., was violated or misused?			
Against what Department is the complaint filed?				
Are you (will you be) represented by an attorney or group? Yes No If yes, please provide:				
Representative's Name:	Street Address:			
Telephone Number:	City, State, Zip Code:			

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What has been done so far to resolve this compl	laint/grievance	/action?		
I met with my supervisor on((date)		Outcome:	
I met with my supervisor's boss on	(date)		Outcome:	
I met with my Elected/Appointed Official	on	_(date)	Outcome:	
I participated in a mediation on	(date)		Outcome:	
Other. Please explain.				
Oid you have a pre-deprivation hearing?	P Yes	O No	If yes, when?	(date)
are you requesting a grievance hearing, if appli	cable? OYes	No		
mployee Signature:		Date:		
RMD Use Only:	Rece	ived by:		
	Date	:		