

**EMPLOYEE GRIEVANCE**  
G-STEP 2

**EMPLOYEE'S NAME:**

**DATE OF OCCURRENCE OF THE ACTION BEING GRIEVED:**

THE FOLLOWING IS A COMPLETE STATEMENT OF ALL THE FACTS AND CIRCUMSTANCES INVOLVED IN THE ACTION BEING GRIEVED. (IF THE ACTION BEING GRIEVED IS THE ALLEGED VIOLATION OF A PERSONNEL RULE, PLEASE SPECIFY THE PRECISE RULE ALLEGED TO HAVE BEEN VIOLATED AND IN DETAIL STATE ALL THE FACTS AND CIRCUMSTANCES OF ITS ALLEGED VIOLATION). PLEASE STATE THE EXACT RELIEF BEING SOUGHT BY THIS GRIEVANCE.

IF YOU NEED  
MORE SPACE, PLEASE USE THE BACK OF THIS FORM AND ANY EXTRA SHEETS OF 8 1/2  
X 11 PAPER YOU MAY NEED. ALL EXTRA SHEETS MUST BE SIGNED AND DATED.

_____ (Signature of Grievant)	<b>DATE:</b>
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FILE THE ORIGINAL OF THIS DOCUMENT WITH THE AGENCY HEAD

**A COPY MUST ALSO BE FILED WITH THE HUMAN RESOURCES DIRECTOR**