

GILA COUNTY EMPLOYEE GRIEVANCE FORM

<hr/> Employee Name	<hr/> Department	<hr/> Telephone
<hr/> Job Title	<hr/> Employee Signature	<hr/> Date Filed

Definition: A grievance is a complaint by an employee of the County concerning the interpretation and application of policies governing personnel practices and procedures, departmental work rules, unsafe or unhealthy working conditions, alleged discrimination or alleged improper treatment.

SUMMARIZE YOUR GRIEVANCE, providing specifics such as who, what, when, how, witnesses, etc. Additional pages may be attached as necessary.

STEP I. _____

Date sent to Personnel and Immediate Supervisor

REMEDY REQUESTED: (Be specific and all-inclusive) _____

