GRIEVANCE FORM

NOTICE: Do NOT use this form if you have received a disciplinary action, or have been laid off or administratively terminated.   Use the *Consolidated Appeal/Dispute Form* available on the web at http://www.colorado.gov/dpa/spb/docs/Appealdisputefillable.doc.

Print or type. Keep a copy of the completed grievance form for yourself. Refer to Chapter 8 of the State Personnel Board Rules and Personnel Director's Administrative Procedures for information regarding the grievance process. (Board Rule 8-8)

If you would like to resolve this grievance on an informal basis, with the help of a trained facilitator from outside your department, then call the State Employees Mediation Program (SEMP) at 303-866-4314 for this assistance.

GRIEVANT'S NAME:

GRIEVANT'S ADDRESS:

REPRESENTATIVE:

REPRESENTATIVE'S ADDRESS:

EMPLOYING DEPARTMENT:

<u>STATEMENT OF GRIEVANCE</u>

<u>RELIEF REQUESTED</u>

DISCRIMINATION ALLEGED*: ☐ YES ☐ NO. TYPE OF DISCRIMINATION ALLEGED (e.g., race, national origin, sex, age, religion):

*NOTE: If the grievance involves an allegation of discrimination, written notice must be sent to the State Personnel Board, 633 17th Street, Suite 1320, Denver, Colorado 80202-3604, within ten (10) calendar days of the alleged discriminatory practice.

REPORTING CHAIN:
(Complete where applicable)

First/Second Line Supervisor (name): _____

Date of the informal discussion with the First/Second Line Supervisor: _____

Date the Step 1 informal discussion with the First/Second Line Supervisor was
concluded: _____

Appointing Authority (name):

Date Written Grievance was submitted to the Appointing Authority:

Date of the meeting with the Appointing Authority:

Date Grievant received the Step 2 Written Response from the Appointing Authority:

Date Petition for Hearing was either filed with, or postmarked to, the State Personnel Board:

Grievant's Signature: Date: