

**COMPLAINT OR GRIEVANCE FORM**

North Dakota Department of Transportation, Human Resources  
SFN 9963 (Rev. 12-2006)

**PART I - COMPLAINANT OR GRIEVANT INFORMATION**

(Complete all items, or enter N/A if an item does not apply. See NDDOT Personnel Policy II-2.).

Complainant's or Grievant's Name	Classification		
Division or District	Work Unit or Section		
Complainant's or Grievant's Mailing Address	City	State	Zip Code
Home Telephone	Work Telephone		
Status (Check all that apply.)	Regular	Probationary	Temporary    Applicant

**PART II - TYPE OF COMPLAINT OR GRIEVANCE IDENTIFICATION (Check either A or B.)**

- A. Complaint of employment discrimination, retaliation, or reprisal because of: (Check at least one.)
  - Race      Color      Religion      Sex      Age      National Origin
  - Workplace Harassment      Physical or mental handicap or disability
  - Political opinions or affiliations      Status with regard to marriage or public assistance
  - Participation in lawful activity off the employer's premises during non-working hours which is not in direct conflict with the essential business-related interest of the employer.
  - Retaliation from filing a complaint, providing evidence or testimony on behalf of someone filing a complaint, acting as a whistle blower, or refusing to perform an illegal act.
- B. Grievance of employer action or dissatisfaction with work conditions, work relationships, or the interpretation of policies, rules, regulations, or legislation used in personnel practices. This includes termination, suspension, demotion, forced relocation, reduction in force, and acts of retaliation or reprisal

**PART III - COMPLAINT OR GRIEVANCE AND SOLUTION**

On attached paper, provide the following required information:

1. State the specific complaint or grievance and the date the action or incident occurred.
2. State the specific solution sought to resolve the issue.
3. List attached documentation.

**PART IV - SIGNATURE**

Complainant's or Grievant's Signature _____	Date _____
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**PART V - ACKNOWLEDGEMENT**

This is to acknowledge receipt of your complaint or grievance.

NDDOT Director's or Representative's Signature _____	Date _____
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## **INSTRUCTIONS**

### **GENERAL**

1. Instructions provided for this form are not meant to be all inclusive. Employees or applicants for employment filing a complaint or grievance are responsible for all complaint, grievance, and appeal procedural requirements stated in the NDDOT Personnel Manual and North Dakota Administrative Rules.
2. Employees and applicants for employment may use this form to file complaints of discrimination and to grieve employer actions as identified and defined under NDDOT Policy Statement II-2, Complaint and Grievance Policy. Regular employees **MUST** complete the department's complaint and grievance process before appealing to the Central Personnel Division.
3. Complaints and grievances **MUST** include all required information and **MUST** meet all time frames as defined in Policy Statement II-2.
4. All inquiries should be directed to the Human Resources Division, 608 East Boulevard Avenue, Bismarck, ND 58505-0700, Telephone (701) 328-2574, TTY (701) 328-4156 or the Human Resource Management Services Division, 600 East Boulevard Avenue, Bismarck, ND 58505-0120. Telephone (701) 328-3290, TTY (701) 328-4083.

### **PART I**

All information in this section **MUST** be completed.

### **PART II**

1. Check item "A" if the complaint is of employer discrimination to a regular, temporary, or probationary employee or applicant for employment. Next check all boxes that apply indicating the basis for the complaint. The discrimination **MUST** be based on at least one of the listed categories. Then complete Parts III and IV of this form.
2. Check item "B" if the grievance is due to employer action(s) as defined. Then complete Parts III and IV of this form. (Temporary and probationary employees and applicants for employment cannot file grievances.)

### **PART III**

The complaint or grievance identified in this part will serve as source information for the Human Resource Management Services Division to determine if this issue can be appealed should that step be necessary.

1. State the specific complaint or grievance in a manner that clearly defines the issue(s) upon which the complaint or grievance is based.
2. State the minimum solution acceptable for resolution of this complaint or grievance.
3. Attach legible copies of all available pertinent documentation.

### **PART IV**

The employee or applicant **MUST** sign and date this section to verify the information contained in Parts I through III.

### **PART V**

The NDDOT Director, or representative, **MUST** sign and date this section to acknowledge receipt of the complaint or grievance.