

**EMPLOYEE GRIEVANCE FORM**

EMPLOYEE'S NAME		JOB CLASS TITLE	
PEOPLE FIRST ID	COST CENTER NUMBER/UNIT TITLE		DATE
<p>1. WHAT IS THE ACTION OR SITUATION ABOUT WHICH YOU HAVE A GRIEVANCE? (BE AS SPECIFIC AS POSSIBLE AS TO NAMES, DATES, LOCATIONS, OR OTHER PERTINENT INFORMATION.)</p>			
<p>2. WHAT DO YOU THINK SHOULD BE DONE TO RESOLVE IT?</p>			
NAME OF YOUR IMMEDIATE SUPERVISOR		TITLE	
EMPLOYEE'S SIGNATURE		HAS THE GRIEVANCE BEEN DISCUSSED WITH YOUR IMMEDIATE SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFER TO PROCEDURE 250-025-001 FOR FILING  
CAREER SERVICE GRIEVANCESDISTRIBUTION: ORIGINAL – SUPERVISOR  
COPY 1 – CENTRAL HUMAN RESOURCES OFFICE (TALLAHASSEE)  
COPY 2 – HUMAN RESOURCES OFFICE (DISTRICT)  
COPY 3 – RETAINED BY EMPLOYEE