

# ALLEGANY COUNTY EMPLOYEE GRIEVANCE FORM

EMPLOYEE NAME: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

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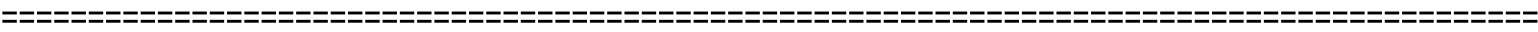
EMPLOYEE GRIEVANCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT STEPS DO YOU FEEL SHOULD BE TAKEN ON YOUR BEHALF? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

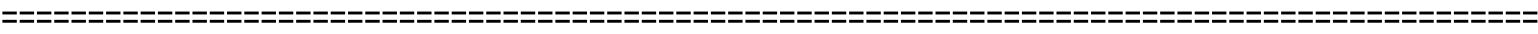
EMPLOYEE NAME \_\_\_\_\_ DATE \_\_\_\_\_



### STEP 1 DISCUSSION OF GRIEVANCE AS STATED ABOVE W/IMMEDIATE SUPERVISOR

RESOLVED:  UNRESOLVED:  PROCEED TO NEXT STEP IF UNRESOLVED

DATE DISCUSSED \_\_\_\_\_ SIGNATURE OF IMMEDIATE SUPERVISOR \_\_\_\_\_



(OVER)

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**STEP 2**  
**DEPARTMENT HEAD REVIEW & DECISION**

RESOLVED:

UNRESOLVED:

PROCEED TO NEXT STEP IF UNRESOLVED

DATE RECEIVED: \_\_\_\_\_

DATE OF THIS DECISION: \_\_\_\_\_

DECISION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD & TITLE

=====  
**STEP 3**  
**HUMAN RESOURCES DIRECTOR**

RESOLVED:

UNRESOLVED:

PROCEED TO CIVIL SERVICE  
COMMISSION IF UNRESOLVED

DATE RECEIVED: \_\_\_\_\_

DATE OF THIS DECISION: \_\_\_\_\_

DECISION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF HUMAN RESOURCES DIRECTOR