

Town of _____ , _____ County Employee Grievance Form

Employee Name: _____

Job Title: _____

Employee Contact Information: (provide phone numbers, mailing address, etc.)

Grievance Level (check one): (Step 1) Meeting with Immediate Supervisor

(Step 2) Request for Impartial Hearing

(Step 3) Appeal to Town Board

This section to be completed for Step 1 only: Describe the grievance: state all relevant facts, including time, place of incident being grieved, names of persons involved, steps taken to informally resolve the grievance, etc. Attach additional sheets if needed.

Additional sheets attached

Describe relief sought:

Employee's Signature

Date Submitted

For office use only:

Date received: ___/___/20___

Clerk's initials: _____

Town of _____, _____ County, Grievance Decision Form

Name of Employee: _____

Job Title: _____

Decision: (Attach additional pages if necessary)

Additional sheets attached

Date Employee Grievance or Request for Hearing/Appeal Received: _____

Date of Meeting or Hearing: _____

Date of Decision: _____

Grievance Level (check one): (Step 1) Meeting with Immediate Supervisor

(Step 2) Request for Impartial Hearing

(Step 3) Appeal to Town Board

Date Employee Provided Copy of this Decision: _____

Delivery method: _____ (U.S. mail, hand delivered, etc.)

Employer or Hearing Officer Signature

(title)

The employee may request an appeal to the impartial hearing officer by filing a written request with the town clerk within 10 days of receiving the supervisor's written response. Within 10 days of receipt of the impartial hearing officer's decision, the non-prevailing party may file a written request for an appeal to the town board with the town clerk.

*****A copy of this completed form must be provided to the town clerk for record keeping purposes.**

For office use only:

Date received: ___/___/20___

Clerk's initials: _____