

# GRIEVANCE FORM

## NOTICE:

DO NOT use this form if you have received a disciplinary action, have been laid off or have been administratively separated.

Use the Consolidated Appeal/Dispute Form available on the web at: <https://spb.colorado.gov/>

## INSTRUCTIONS

- Print a copy of this form and fill out (or) Type in the information and Print to PDF.
- 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.

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.

## **INFORMATION ABOUT YOU ("GRIEVANT")**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL (REQUIRED) – (Please print clearly): \_\_\_\_\_ PHONE \_\_\_\_\_

Will you have a representative in this matter? Yes                  No

If yes, provide representative's information below:

## **INFORMATION ABOUT YOUR REPRESENTATIVE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL (REQUIRED) – (Please print clearly): \_\_\_\_\_ PHONE \_\_\_\_\_

## **EMPLOYING DEPARTMENT / UNIT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**DISCRIMINATION ALLEGED?**            **Yes**    **No**

If the grievance involves an allegation of discrimination, written notice must be sent to the State Personnel Board. For more information about the appeals process, the official appeal form, and how to deliver it to the State Personnel Board go to <https://spb.colorado.gov/>.

**STATEMENT OF GRIEVANCE**

**RELIEF REQUESTED**

**REPORTING CHAIN (Complete where applicable)**

First/Second Line Supervisor (name): \_\_\_\_\_

Date of the Step 1 informal discussion with the First/Second Line Supervisor: \_\_\_\_\_

Date the Step 1 information discussion with the First/Second Line Supervisor was concluded: \_\_\_\_\_

Appointing Authority (name): \_\_\_\_\_

Date Written Grievance submitted to the Appointing Authority: \_\_\_\_\_

Date of 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: \_\_\_\_\_**