

County of Dukes County

Employee Grievance Form

Today's Date: ____/____/____

Personnel Board Received Date: ____/____/____

Instructions for Completion

1. Print or write legibly and provide all requested information.
2. Sign and date this form in the areas provided.
3. Each grievance form will contain only one grievance.
4. A grievance will not be filed by a group or on behalf of a group of employees.
5. If you have a problem understanding or filling out a grievance you must acquire the help of a personnel board member only.
6. Forward this form within ten (10) business days of the incident. Failure to do so will render the grievance invalid.

Grievant Information

Last Name _____ First _____ Middle _____

Date of Incident ____/____/____

Statement of Facts

Remedy Requested

Have you talked with your supervisor? Yes ☐ No ☐ Have you talked to anyone else? Yes ☐ No ☐

If Yes to any of the above questions, with whom and when? _____

Results _____

Employee Signature: _____

Date: ____/____/____

Personnel Board

Member Name _____ Date Received ____/____/____

Grievance returned to grievant for the following reason or reasons:

Signature of PB Member: _____ Signature of Employee: _____

Form Accepted for Review

Board Member Recommendation:	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
PB Member Signature:		Date:

Personnel Board

Date Received	Finding is: Approved <input type="checkbox"/> Reversed <input type="checkbox"/> Modified <input type="checkbox"/>
Explanation:	
PB Chair Signature:	
Date:	

You have ten (10) business days to appeal this decision in writing to the County Manager. Complete the following statement below.

- ☐ I do intend to appeal this decision.
☐ I do not intend to appeal this decision.

Signature _____

Date ____/____/____