

# 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: <http://www.colorado.gov/>

Print or type. 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. (Board Rule 8-8)

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.

GRIEVANT'S NAME: \_\_\_\_\_  
GRIEVANT'S ADDRESS: \_\_\_\_\_  
REPRESENTATIVE: \_\_\_\_\_  
REPRESENTATIVE'S ADDRESS: \_\_\_\_\_  
EMPLOYING DEPARTMENT: \_\_\_\_\_

## STATEMENT OF GRIEVANCE

## RELIEF REQUESTED

DISCRIMINATION ALLEGED\*:  YES  NO. TYPE OF DISCRIMINATION ALLEGED (e.g., race, national origin, sex, age, religion):

**\*NOTE:** If the grievance involves an allegation of discrimination, written notice must be sent to the State Personnel Board, P.O. Box 100, Denver, CO 80201

REPORTING CHAIN:  
(Complete where applicable)

First/Second Line Supervisor (name):

Date of the informal discussion with the First/Second Line Supervisor:

Date the Step 1 informal discussion with the First/Second Line Supervisor was concluded:

Appointing Authority (name):

Date Written Grievance was submitted to the Appointing Authority:

Date of the 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:

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