Personnel Form (G-1)

PERSONNEL BOARD OF HOUSTON COUNTY

Grievance Procedure

EMPLOYEE GRIEVANCE COMPLAINT FORM

Name of Employee _____ Date _____

Department _____ Classification _____

Name of Appointing Authority _____

Date of incident relating to grievance _____

EMPLOYEE'S STATEMENT OF GRIEVANCE: (State facts, dates, and the particular nature of the complaint. If applicable, indicate specific handbook section violated.)

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(attach extra pages as needed)

Date _____ Signature of Employee _____

Date Received: _____

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