Personnel Form (G-2)

PERSONNEL BOARD OF HOUSTON COUNTY

Grievance Procedure

Appointing Authority's
EMPLOYEE GRIEVANCE COMPLAINT FORM

Name of Employee _____ Date _____

Department _____ Classification _____

Appointing Authority _____

Date Employee Grievance Complaint Received _____

Date Discussed with Employee _____

Appointing Authority's answer:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(attach extra pages as needed)

Date _____ Signature of Employee _____

Date Received: _____

Personnel Form (G-2)