



DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES
Office of Personnel Management
Dispute Resolution Form

Step 1

This form is to be used by the employee in filing a grievance. The form will be filled in completely and will serve, without amendment, as the source document for the Dispute Resolution Process. All supporting documentation must be attached to this form.

Agency, Board, Commission:	
Employee's Name:	Job Title:
Employee's Address:	Employee's Telephone Number:
Immediate Supervisor's/Charged Party's Name:	

Grievance Statement

In order for a formal grievance to be processed, the following five (5) elements must be addressed:
(Attach additional pages, if needed)

- (1) What was the date of occurrence and what specific behavior, condition, or violation of policy or procedure occurred which you consider constitutes a grievance?

- (2) How have you been adversely affected by the behavior, condition, or violation of policy or procedure?

- (3) What specific action have you taken to reconcile and improve this situation, including discussing it with your immediate supervisor? What has been the outcome of these efforts?

- (4) What specific remedy do you request?

- (5) I request as my first step: Mediation Fact Finding/Administrative Review Hearing

Employee's Signature:	Date:
-----------------------	-------