

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: <https://spb.colorado.gov/>

INSTRUCTIONS

- Print a copy of this form and fill out (or) Type in the information and Print to PDF.
- 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.

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.

INFORMATION ABOUT YOU (“GRIEVANT”)

NAME:

ADDRESS:

CITY

ZIP

EMAIL (REQUIRED) - (Please print clearly):

PHONE

Will you have a representative in this matter? YES NO

If yes, provide representative’s information below:

INFORMATION ABOUT YOUR REPRESENTATIVE

NAME

ADDRESS

CITY

ZIP

EMAIL (REQUIRED) - (Please print clearly):

PHONE

EMPLOYING DEPARTMENT / UNIT

NAME

ADDRESS:

CITY

ZIP

DISCRIMINATION ALLEGED? YES NO

If the grievance involves an allegation of discrimination, written notice must be sent to the State Personnel Board. For more information about the appeals process, the official appeal form, and how to deliver it to the State Personnel Board go to <https://spb.colorado.gov/>

STATEMENT OF GRIEVANCE

RELIEF REQUESTED

REPORTING CHAIN (Complete where applicable)

First/Second Line Supervisor (name)

Date of the Step 1 informal discussion with the First/Second Line Supervisor

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

Appointing Authority (name)

Date Written Grievance submitted to the Appointing Authority

Date of 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: