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/spb/forms.

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, 633 17th Street, Suite 1320, Denver, Colorado 80202-3604, within ten (10) calendar days of the alleged discriminatory practice. AS OF NOVEMBER 12, 2013, THE STATE PERSONNEL BOARD WILL BE LOCATED AT 1525 Sherman Street, 4th Floor, Denver, Colorado 80203.

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: _____