

# EMPLOYEE GRIEVANCE FORM

## GRAND FORKS COUNTY SOCIAL SERVICES

Employee Name \_\_\_\_\_ Employee Job Title \_\_\_\_\_

Employee SS # \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

**State Specific Grievance (per Resolution Guidelines):**

**What action (remedy) do you seek to resolve your grievance:**

\_\_\_\_\_  
Employee's Signature                      Date                      Supervisor's Signature                      Date

**Supervisors Response (within five working days of receipt of completed Grievance Form):**

\_\_\_\_\_  
Supervisor's Signature                      Date                      Employee's Signature                      Date

**Resolution:**

\_\_\_\_\_  
Supervisor's Signature                      Date                      Employee's Signature                      Date

**Employee Request for Administrative Review (withing five working days of completed last step):**

\_\_\_\_\_  
Employee's Signature                      Date

**Recommendation/Resolution:**

\_\_\_\_\_  
Employee's Signature                      Date                      Supervisor's Signature                      Date

\_\_\_\_\_  
Director's Signature                      Date

Employees who are not comfortable reporting alleged sexual harassment, or harassment based on race, ethnicity, age or religious affiliation to their immediate supervisor are not required to follow the chain of command as outlined in this grievance procedure, but may instead bring the matter to the attention of any higher level Administrative Department staff or to Grand Forks Director of Administrative Services.

