



GRIEVANCE REPLY FORM

This form is completed at the appropriate management level in response to the employee's grievance (please print or type). Enter the step number, the date you received, and the complaint number to which you are responding.

Date Rec'd. _____

Step _____ Response

Response to Complaint _____
(pre-printed # on grievance form)

Grievant's Name _____
(First) (MI) (Last)

Grievant's Social Security No. _____
(Department)

Reply to Grievant: (specify your findings and decision, including your attempts to resolve):

Print or Type Name of Respondent Signature of Respondent (MM/DD/YR.)

Instructions to Grievant: After receiving this response, it is your responsibility to complete the information below and distribute the copies of this form as indicated within ten (10) calendar days of receipt. Appeals must be received within the prescribed time frame. I certify that I have had a Step _____ meeting on this complaint and:

- I accept the respondent's decision; this grievance is closed.
- I do not accept the respondent's decision and wish to appeal. I understand that I am appealing the decision rendered at this step. If appeal is to 3rd or 4th step I will be represented by:

(Name) (Telephone Number)

(Mailing Address) (City) (St) (Zip)

- I withdraw my complaint. This grievance is closed.

Print Name of Grievant Signature of Grievant (MM/DD/YR.)

(HR Form # 21)

DISTRIBUTION

White	To Next Step
Green	HR Copy
Yellow	Grievant's Copy
Pink	Appointing Authority's Copy
Canary	Immediate Supervisor's Copy

<p>HR USE ONLY</p> <p>Date Rec'd.: _____</p> <p>Log Date: _____</p> <p>By: _____</p>
