FORMAL GRIEVANCE

THIS FORM MUST BE COMPLETELY FILLED OUT

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| **Name of Grievant ( Please Print):****Job Title:****Date of Hire:** | **Work Phone:****Home Phone:** **Send documents to external representative** |
| **Home Mailing Address:****Street or P.O. Box:****City: State:****Zip:** | **Work Mailing Address:****Dept:****Div/Section:****Street or P.O. Box:****City: State:****Zip** |
| Date, time and place of event leading to grievance: Date you became aware of the event (*if different*): |
| Detailed description of grievance including names of other persons involved, If any (*NAC 284.678*): |
| Applicable sections of NRS and NAC (Grievant must identify all statutes/regulations pertinent to this grievance if submitted to Employee Management Committee. If none, Please so indicate.): |
| Proposed solution to grievance: |
| **Grievant: File a copy of this form with your Immediate supervisor and retain a copy for filling at the next step or steps. if necessary. If you do not receive a response within 10 working days or disagree with the action taken, you may file a copy of the grievance at the next step.** |
| Step | Grievance Filled With (Please Print Name) | Date | Grievant’s Signature | Date |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |