

# GRIEVANCE

**THIS FORM MUST BE COMPLETELY FILLED OUT**

<b>Name of Grievant (Please Print):</b> <b>Job Title:</b> <b>Date of Hire:</b>		<b>Work Phone:</b> <b>Home Phone:</b> <input type="checkbox"/> <b>Send documents to external representative</b>		
<b>Home Mailing Address:</b> <b>Street or P.O. Box:</b> <b>City:</b> <span style="float: right;"><b>State:</b></span> <b>Zip:</b>		<b>Work Mailing Address:</b> <b>Dept:</b> <b>Div/Section:</b> <b>Street or P.O. Box:</b> <b>City:</b> <span style="float: right;"><b>State:</b></span> <b>Zip:</b>		
Date, time and place of event leading to grievance:		Date you became aware of the event, <i>(if different)</i> :		
Detailed description of grievance including names of other persons involved, if any <i>(NAC 284.678)</i> :				
Proposed solution to grievance:				
<b>Grievant:</b> File a copy of this form with your immediate supervisor and retain a copy for filing at the next step or steps (see instructions on page 2 for a description of who to file with for steps 1 through 4) 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 Filed With <i>(Please Print Name)</i>	Date	Grievant's Signature	Date
1				
2				
3				
4				

See instructions on page 2 of this form for procedures to be followed in filing a formal grievance.