

PERSONNEL-MANAGEMENT RELATIONS:  
EMPLOYEE COMPLAINTS/GRIEVANCES

**EMPLOYEE COMPLAINTS - LEVEL ONE  
GRIEVANCE STATEMENT  
DGBA (LOCAL)**

1. Name of Grievant \_\_\_\_\_

2. Position of grievant \_\_\_\_\_ Work Site \_\_\_\_\_

3. Time, date, and place of occurrence \_\_\_\_\_

4. Date filed \_\_\_\_\_

5. Statement of grievance including district action or decision and individual  
consequences suffered \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Remedy desired \_\_\_\_\_

\_\_\_\_\_

Employee  
Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: This form is to be submitted to the Human Resources Division with all related  
correspondence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date