SARPY COUNTY

GRIEVANCE FORM

Grievances must be submitted within 15 calendar days of the event. For a grievance to be processed, this form must be completed in its entirety.

EMPLOYEE INFORMATION

Name: _____ Date: _____

Department: _____ Division: _____

Job Title: _____ Union: _____

Address: _____ Email: _____

GRIEVANCE INFORMATION

Employee complete and present this form to your Elected Official/Department Head.

1. Violation: (specify contract article, personnel rule/regulation, or federal/state law violated)

   _____

2. Statements of Fact: (who, what, where, when?) Attach additional pages if necessary.

   _____

   _____

   _____

   _____

   _____

3. Remedy Sought: _____

ELECTED OFFICIAL/DEPARTMENT HEAD ACTION

Complete response and return form to Employee within 15 calendar days.

Date Received: _____

1. Disposition: ☐ Accept Remedy ☐ Alternative Remedy Offered ☐ Reject Remedy
2. Response: _____

   _____

   _____

   _____

_____ _____

Elected Official/Department Head Signature Date

EMPLOYEE ACTION

Submit this form to Human Resources to conclude Grievance.

☐ Accept resolution and conclude grievance

☐ Appeal the decision to the Personnel Policy Board *(NOTE: submit form to HR within 15 calendar days of response from Elected Official/Department Head)*

_____ _____

Employee Signature Date