

EMPLOYEE CONTRACT GRIEVANCE / COMPLAINT

STD. 630 (Rev. 10/2019)

BARGAINING UNIT NAME	BARGAINING UNIT NUMBER (Circle one) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
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Please refer to your bargaining unit's contract for specific information regarding employee grievance procedures and time frame requirements.

GRIEVANT'S NAME	HOME TELEPHONE NUMBER (include area code)	
HOME ADDRESS (Number and Street)	(City)	(State) (Zip Code)
DEPARTMENT	DIVISION OR FACILITY	SECTION, BRANCH, UNIT, ETC.
POSITION CLASSIFICATION	NORMAL WORKING HOURS	WORK TELEPHONE NUMBER (include area code)

REPRESENTATION INFORMATION (Complete if applicable)

REPRESENTATIVE'S NAME	ORGANIZATION AFFILIATION	TELEPHONE NUMBER (include area code)
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GRIEVANCE INFORMATION

DATE OF ACTION CAUSING GRIEVANCE	DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR	DATE OF INFORMAL RESPONSE
GRIEVANCE DESCRIPTION (Clear, concise statement. Attach additional sheets if necessary.)		

SPECIFIC ARTICLE(S) AND SECTION(S) OF CONTRACT ALLEGEDLY VIOLATED

SPECIFIC REMEDY SOUGHT


GRIEVANT'S SIGNATURE	DATE FILED
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(For grievance level reviews I through IV, continue on reverse.)

EMPLOYEE CONTRACT GRIEVANCE / COMPLAINT

STD. 630 (Rev. 10/2019) (REVERSE)


GRIEVANCE REVIEW--LEVEL I

DATE RECEIVED	LEVEL I REVIEWER (Signature) 	RESPONSE DATE
REVIEWER'S PRINTED NAME AND TITLE	TELEPHONE NUMBER (include area code)	


LEVEL I DECISION

<input type="checkbox"/> I concur and do not appeal to the second review level	<input type="checkbox"/> I do not concur and appeal to the second review level (<i>State reason below</i>)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			


GRIEVANCE REVIEW--LEVEL II

DATE RECEIVED	LEVEL II REVIEWER (Signature) 	RESPONSE DATE	
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE		
<input type="checkbox"/> I concur and do not appeal to the third review level	<input type="checkbox"/> I do not concur and appeal to the third review level (<i>State reason below</i>)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			

GRIEVANCE REVIEW--LEVEL III--DEPARTMENT DIRECTOR OR DESIGNEE

DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature) 	RESPONSE DATE	
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE		
<input type="checkbox"/> I concur and do not appeal to the third review level	<input type="checkbox"/> I do not concur and appeal to the third review level (<i>State reason below</i>)	GRIEVANT'S SIGNATURE	DATE SIGNED
REASON FOR APPEAL			

GRIEVANCE REVIEW--LEVEL IV--DEPARTMENT OF HUMAN RESOURCES

DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature) 	RESPONSE DATE
<input type="checkbox"/> Decision attached	REVIEWER'S PRINTED NAME AND TITLE	