ATTACHMENT B JEFFERSON COUNTY EMPLOYEE GRIEVANCE FORM

Your Name:	Date:
Your Address:	
	Work phone:
	Your department:
Timeframe of Grievance:	
Briefly describe the nature of your concern (continue on additional pages if necessary).	
List any witnesses (witnesses must have first-hand knowledge of event involved in the disagreement).	
1 2	3
What do you want to happen to resolve this situation?	
Your Signature:	Date:
Step 1: Supervisor's Statement/Action Taken (attach written response).	
Your Signature:	Date:
Step 2: Department Head/Elected Official's Statement/Action Taken (attach written response)	
Your Signature:	Date:
Note: You do not have to fear retaliation for filing this grievance.	