

**ATTACHMENT B
JEFFERSON COUNTY
EMPLOYEE GRIEVANCE FORM**

Your Name: _____ Date: _____

Your Address: _____

Home phone: _____ Work phone: _____

Your job title: _____ 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.