**FORMAL GRIEVANCE**

**THIS FORM MUST BE COMPLETELY FILLED OUT**

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| --- | --- | --- | --- | --- |
| **Name of Grievant ( Please Print):**  **Job Title:**  **Date of Hire:** | | **Work Phone:**  **Home Phone:**  **Send documents to external representative** | | |
| **Home Mailing Address:**  **Street or P.O. Box:**  **City: State:**  **Zip:** | | **Work Mailing Address:**  **Dept:**  **Div/Section:**  **Street or P.O. Box:**  **City: State:**  **Zip** | | |
| Date, time and place of event leading to grievance: Date you became aware of the event (*if different*): | | | | |
| Detailed description of grievance including names of other persons involved, If any (*NAC 284.678*): | | | | |
| Applicable sections of NRS and NAC (Grievant must identify all statutes/regulations pertinent to this grievance if submitted to Employee Management Committee. If none, Please so indicate.): | | | | |
| Proposed solution to grievance: | | | | |
| **Grievant: File a copy of this form with your Immediate supervisor and retain a copy for filling at the next step or steps. if necessary. If you do not receive a response within 10 working days or disagree with the action taken, you may file a copy of the grievance at the next step.** | | | | |
| Step | Grievance Filled With (Please Print Name) | Date | Grieving’s Signature | Date |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |