

Employee Grievance Form Office of Franklin County Judge/Executive

Pursuant to the Administrative Code, adopted September 16, 1999, Section 3.62, a grievance is a complaint concerning a term or condition of employment over which the employer has control. A grievance must be filed within 10 days of the occurrence or discovery of the event.

Please print

Employee's Name--Last, First, Middle	Work Phone	Position Title
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Job Location/Department

What is your Grievance? Please state facts and be specific as to the date, place, and individuals involved. Attach additional pages if necessary.

What specific solution do you recommend to resolve your grievance?

Employee's Signature: _____

Date: _____

Findings and Decision of Supervisor (See Administrative Code Section 3.62.A.2.)

_____ Supervisor's Signature	_____ Title	_____ Date
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Employee's Signature: _____

I accept this decision.

Date: _____

I appeal this decision to the next level.