



CLASSIFIED GRIEVANCE FORM

NOTICE:

DO NOT use this form if you have received a disciplinary action, have been laid off or have been administratively separated.

Use the Consolidated Appeal/Dispute Form available on the web at: <https://spb.colorado.gov/>

INSTRUCTIONS

- Print a copy of this form and fill out (or) Type in the information and Print to PDF.
- Keep a copy of the completed grievance form for yourself.
- Refer to Chapter 8 of the State Personnel Board Rules and Personnel Director’s Administrative Procedures for information regarding the grievance process.

If you would like to resolve this grievance on an informal basis, with the help of a trained facilitator from outside your department, then call the State Employees Mediation Program (SEMP) at 303-866-4314 for this assistance.

INFORMATION ABOUT YOU (“GRIEVANT”)

NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

EMAIL (REQUIRED) - (Please print clearly): _____ PHONE _____

Will you have a representative in this matter? YES NO

If yes, provide representative’s information below:

INFORMATION ABOUT YOUR REPRESENTATIVE

NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

EMAIL (REQUIRED) - (Please print clearly): _____ PHONE _____

EMPLOYING DEPARTMENT / UNIT

NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

DISCRIMINATION ALLEGED? YES NO

If the grievance involves an allegation of discrimination, written notice must be sent to the State Personnel Board. For more information about the appeals process, the official appeal form, and how to deliver it to the State Personnel Board go to <https://spb.colorado.gov/>.

STATEMENT OF GRIEVANCE

RELIEF REQUESTED

REPORTING CHAIN (Complete where applicable)

First/Second Line Supervisor (name): _____

Date of the Step 1 informal discussion with the First/Second Line Supervisor: _____

Date the Step 1 information discussion with the First/Second Line Supervisor was concluded: _____

Appointing Authority (name): _____

Date Written Grievance submitted to the Appointing Authority: _____

Date of meeting with the Appointing Authority: _____

Date Grievant received the Step 2 Written Response from the Appointing Authority: _____

Date Petition for Hearing was either filed with, or postmarked to, the State Personnel Board: _____

GRIEVANT'S SIGNATURE: _____ DATE: _____