

FORM 2.17A - EMPLOYEE GRIEVANCE

County of Fluvanna

Grievances must be presented or mailed to Department Head within 30 calendar days. If the grievance alleges discrimination or retaliation by the immediate supervisor, the grievance may be submitted to the next level supervisor in the line of supervision.

Section A: GRIEVANCE

Date Submitted:

I did not present this to my immediate supervisor because: Potential Discrimination or Retaliation by Immediate Supervisor

Grievant's Full Name

County Position

Department

Home Address

Work Telephone

Home Telephone

Agency Code

Agency Name

Facility Name

Date Grievance Occurred

Brief Description

The issues are:

The facts supporting this are:

The relief I want is:

Grievant's Signature

Date Submitted

Section B: FIRST RESOLUTION STEP

Date Received:

Response:

First Step Signature

Date

Telephone

Grievant's Response (check one)

Date Received:

I conclude my grievance return it to HR.

I advance my grievance to the second step.

Comments (optional):

Signature

Date Submitted

The employee is responsible for having the grievance delivered to the proper person or office within five workdays.

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|--|-----------|----------------|
| Section C: SECOND RESOLUTION STEP | | Date Received: |
| Meeting Date: | Response: | |
| Second Step Signature | Date | Telephone |
| Grievant's Response (check one) | | Date Received: |
| <input type="checkbox"/> I conclude my grievance return it to HR. <input type="checkbox"/> I advance my grievance to the third step. | | |
| Comments (optional): | | |
| Signature | | Date Submitted |
| The employee is responsible for having the grievance delivered to the proper person or office within five workdays. | | |
| Section D: THIRD RESOLUTION STEP | | Date Received: |
| Response: | | |
| Third Step Signature | Date | Telephone |
| Grievant's Response (check one) | | Date Received: |
| <input type="checkbox"/> I conclude my grievance return it to HR. <input type="checkbox"/> I request qualification of my grievance from the County Administrator. | | |
| Comments (optional): | | |
| Signature | | Date Submitted |
| The employee is responsible for having the grievance delivered to the proper person or office within five workdays. | | |
| Section E: AGENCY HEAD QUALIFICATION FOR HEARING | | Date Received: |
| Qualified for a Hearing: <input type="checkbox"/> Yes and I request appointment of a hearing officer. <input type="checkbox"/> No | | |
| Reasons: | | |
| Agency Head's Signature | Date | Telephone |
| Grievant's Response (check one) | | Date Received: |
| <input type="checkbox"/> I conclude my grievance return it to HR. <input type="checkbox"/> I appeal the decision and request the County Administrator to forward the grievance record to the Clerk of the Circuit Court. <input type="checkbox"/> I advance my grievance to hearing and am returning it to the County Administrator. | | |
| Comments (optional): | | |
| Signature | | Date Submitted |
| This form must be returned to the HR Office within five workdays after receipt of the County Administrator's qualification decision. The agency will retain the original. | | |