

City of Charleston Employee Grievance Form

STEP 1: Department Head Level

For your grievance to be considered, you must submit this completed form to the Director of Human Resources within five (5) calendar days of the event giving rise to this filing.

Grievant's Name: _____ Department: _____

Date of Occurrence Which Prompted This Filing: _____

STEP 1: Grievance – Explain the nature of your event(s) which prompted your filing of this grievance in as much detail as possible. Attach additional page(s) if necessary.

Describe the specific relief (remedy) you are seeking. Attach additional page(s) if necessary.

Signature of Grievant: _____ Date: _____

(For Human Resources Use Only – Do Not Write Below This Line)

Date Filed With Human Resources: _____ Case No.: _____

Human Resources Representative Signature: _____