

City of Charleston Employee Grievance Form

STEP 2: Human Resources Level

To advance your grievance, you must submit this completed form to the Director of Human Resources within five (5) calendar days following receipt of the STEP 1 decision.

Grievant's Name: _____ **Department:** _____

Date of STEP 1 Response Received: _____

Explain why the STEP 1 response is unacceptable to you. 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: _____