

## Town of SUMNER, Jefferson County Employee Grievance Form

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employee Contact Information: (provide phone numbers, mailing address, etc.)

---

Grievance Level (check one): (Step 1) Meeting with Immediate Supervisor

(Step 2) Request for Impartial Hearing

(Step 3) Appeal to Town Board

---

**This section to be completed for Step 1 only:** Describe the grievance: state all relevant facts, including time, place of incident being grieved, names of persons involved, steps taken to informally resolve the grievance, etc. Attach additional sheets if needed.

Additional sheets attached

---

Describe relief sought:

---

Employee's Signature

---

Date Submitted

For office use only:

Date received: \_\_\_/\_\_\_/20\_\_\_

Clerk's initials: \_\_\_\_\_