

DHS UNCLASSIFIED SERVICE GRIEVANCE FORM

Unclassified Employees are to refer to the Grievance Procedure for Unclassified Employees (Policy #1502) before completing this form

Employee Name: _____ Employee ID#: _____

Job Title: _____ Division/Office/Facility: _____

Scheduled Work Hours: _____ Best time to reach you by phone: _____

Work Telephone #: _____ Home Telephone #: _____

Can you receive material by fax? _____ Fax #: _____

Employee's Preferred Mailing Address: _____
Street Name or P.O. Box

City State Zip code [include nine (9) digits]

Supervisor involved with issue(s): _____

Supervisor's Telephone #: _____ Fax #: _____

You are encouraged to discuss the non-disciplinary employment concerns with your supervisor prior to filing a grievance.

I am filing a grievance and have completed page two (2) of this form. The non-disciplinary employment concerns of my grievance have unfavorably affected my employment. My signature indicates that all of the information contained on the *DHS UNCLASSIFIED SERVICE GRIEVANCE FORM* and supporting documentation is true and factual to the best of my knowledge.

Date Employee's Signature

Deliver mail or fax *DHS UNCLASSIFIED SERVICE GRIEVANCE FORM* and supporting documents to:

**OHRMD – Employee Relations Section
28th Floor
Two Peachtree Street, NW
Atlanta, Georgia 30303-3142
FAX #: 404/463-0920**

For information or assistance regarding the grievance process, please call 404/656-5807
Monday - Friday / 8:00 a.m. - 5:00 p.m.

Received by OHRMD: _____ Grievance #:

DHS UNCLASSIFIED SERVICE GRIEVANCE FORM (continued)

This section must be completed.

DATE ISSUE(S) OCCURRED

LIST ISSUE(S)

[Within Ten (10) Work Days
of Filing Grievance]

[Example: Unsafe or Unhealthy Working Conditions]

Additional documents may be submitted for further explanation.

Number of supporting documents attached _____

Describe what happened, when and where, and indicate names of others involved in the grievance.

Are you alleging erroneous, arbitrary or capricious interpretation or application of human resource/
personnel policies or procedures? Yes_____ No_____

If yes, please specify which ones and how:_____

Requested Relief:_____

Employee must send copies of the grievance and supporting documents to the following persons:

Supervisor Involved

Appropriate Human Resource/Personnel Representative

Division/Office Director or Facility Administrator/Superintendent