



STEP 1
CAREER SERVICE GRIEVANCE FORM

To be completed by the grievant employee:

Name: _____

Position Title: _____

Region/Circuit _____ Work Hours: _____

Work Address: _____

Work Phone Number: _____ Suncom: _____

Date of occurrence of the event giving rise to this grievance: _____

Grievance described in detail, including:

1. a statement of the grievance and the facts upon which it is based:

2. allegation of the specific wrongful act and harm done:

3. a statement of the remedy or adjustment sought:

(The aggrieved employee shall attach any pertinent information to this grievance form for consideration.)

Note: Grievances may be filed by permanent status career service employees who have satisfactorily completed at least a 1-year probationary period in their current position. Claims of discrimination and sexual harassment (see DJJ policy and procedure for these matters) are excluded from the Career Service grievance procedure. Claims related to suspensions, reductions in pay, demotions, involuntary transfers of more than 50 miles by highway, and dismissals may be appealed through PERC, or if applicable, through the Collective Bargaining process.

Date

Signature of Grievant

Original: Step 1 (Immediate Supervisor or Acting Supervisor)

Copy: HQ-Bureau of Human Resources Grievance Coordinator