



STEP 2
CAREER SERVICE GRIEVANCE FORM

To be completed by the grievant (employee)

Name: _____

Position Title: _____

Region/Circuit: _____ Work Hours: _____

Work Address: _____

Work Phone Number: _____

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 career service employees who have completed the required probationary period in their current position. Claims of discrimination and sexual harassment (Please reference [FDJJ – 1003.22, Sexual Harassment and Discrimination Procedures](#)) are excluded from the career service grievance procedure. Claims related to suspensions, reductions in pay, demotions, and dismissals may be appealed through the Public Employee Relations Commission (PERC), or if applicable, through the Collective Bargaining process.

Date

Signature of Grievant

Original: Step 2 (Immediate Supervisor’s Supervisor or Designee)
Copy: HQ-Human Resources Grievance Coordinator