

INTERNAL AGENCY GRIEVANCE RESOLUTION FORM

<p style="text-align: center;">INSTRUCTIONS FOR COMPLETION</p> <p>You must complete both sides of this form and file it with your agency grievance manager:</p> <ul style="list-style-type: none"> • Please print or type • Submit the original and attach any relevant documents • Do not submit documents which you want returned • For further information on the internal agency grievance resolution procedure see Title 74 O.S. § 840-6.2 (841.9), Subchapter 19 of the Oklahoma Merit Protection Commission Merit Rules and the agency internal agency grievance resolution procedure 	<p style="text-align: center;">FOR AGENCY USE ONLY</p> <p style="text-align: center;">AGENCY GRIEVANCE NUMBER:</p>
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NAME (Last, First, Middle Initial)	
SOCIAL SECURITY NUMBER	
ADDRESS (Street Number, P.O. Box, State, Zip Code)	
WORK TELEPHONE ()	HOME TELEPHONE ()
JOB FAMILY DESCRIPTOR CODE	JOB FAMILY DESCRIPTOR TITLE
PAY BAND	CLASSIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
REPRESENTATIVE (Name, Address and Telephone Number)	
SPOKESPERSON - FOR GROUP GRIEVANCES ONLY (Name, Address and Telephone Number)	
I believe the following provisions of the Oklahoma Personnel Act, Merit Rules or other agency policy, procedure or rules has been violated:	
<p>_____</p> <p>_____</p>	
<p>BRIEFLY DESCRIBE ACTIONS TAKEN WITH YOUR SUPERVISOR TO RESOLVE THIS DISPUTE INFORMALLY - INCLUDE THE NAME OF THE SUPERVISOR AND THE DATE OF THE DISCUSSION</p> <p>Name of Supervisor _____ Date _____</p>	

REASON FOR GRIEVANCE (Be specific as to the reason you are filing this grievance and include specific facts, names, dates, places, etc.)

REMEDY (Briefly state the remedy or relief you are seeking from this grievance)

Misrepresentation or falsification of this document is a violation of the Oklahoma Personnel Act.

I declare that I have read this grievance and the statements contained herein are true to the best of my knowledge and belief.

Signature of Employee _____ **Date** _____