Personal Grievance Form

Webb County Civil Service

Employee Information

Employee Name: _____ Date: _____

Home Address: _____ Date of Hire: _____

Home Phone: _____ Work Phone: _____

Employee ID: _____ Job Title: _____

Dept. Head: _____ Department: _____

Person(s) of Whose Action Employee Complains

Name: _____ Name: _____

Office/ Position/ Title: _____ Office/ Position/ Title: _____

Office Address: _____ Office Address: _____

Office Phone: _____ Office Phone: _____

Grievance Information

Date(s) of Occurrence or Condition: _____

Description and explanation of occurrence or condition of which employee complains, include reason for dissatisfaction and specific provision of law or employees manual believed violated and please attach additional sheet(s) if necessary:

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Additional Information
• You have five (5) working days from date of occurrence to file personal grievance to department head or immediate supervisor. • The department has five (5) working days to respond in writing to the employee's personal grievance. • If you are not satisfied with the final written determination from the department or if no determination is issued, you may appeal to the commission. • The appeal to the commission must be written on an Employee's Appeal Form and must be filed with Human Resources within five (5) working days of delivery of the final determination or the date the final determination was due, whichever is earlier. • The Employee's Appeal Form is available at the Human Resources office.

Employee Signature	*Date*