

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
GRIEVANCE/DISPUTE FORM**

Instructions: Please print or type. You must submit a copy of the grievance to the Human Resources Section and supervisor. The original grievance/dispute document is to progress with the process and be submitted at the conclusion of the process to the Human Resources Section for placement in the employee's personnel file. In addition, keep a copy of the completed grievance form for your records. Please attach any supporting documentation to this form. Refer to the department's Grievance or Dispute Resolution policy for mandatory deadlines and requirements. **USE THE STANDARD APPEAL FORM IF YOU HAVE RECEIVED A DISCIPLINARY ACTION, BEEN LAID OFF, OR ADMINISTRATIVELY TERMINATED.**

EMPLOYEE' S/GRIEVANT' S NAME:

EMPLOYEE' S/GRIEVANT' S SIGNATURE:

EMPLOYEE' S/GRIEVANT' S ADDRESS:

EMPLOYEE' S/GRIEVANT' S REPRESENTATIVE:

STATEMENT OF GRIEVANCE/DISPUTE

I am grieving or disputing the act(s) of the following individual(s):

(Name, Title, and Division/Section)

I specifically am grieving or disputing the following act(s):

I am requesting the following relief:

DISCRIMINATION ALLEGED: YES NO. IF YES, TYPE OF DISCRIMINATION ALLEGED: veteran status, race, color, sex, age, national origin, or religion. Please explain: