ARIZONA DEPARTMENT OF CORRECTIONS

Control Number

Emplovee G	rievance
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Employee Grievance				
Employee Name (Last, First M.I.) (Please print)	Job Title/Classification	Job Title/Classification		
Assignment Location	Work Telephone	Home Telephone		
SUPERVISOR TO CO	MPLETE AT TIME OF INFORMAL			
Resolved Unable to Resolve Supervisor's Signature		Date		
Type of Grievance: (Check Applicable Boxes)	Alleged Discrimination Base	ed On:		
☐ Personnel Rules compliance or non-compliance ☐ Race ☐ Age ☐ Religion ☐ Disability ☐ Other (specify) ☐ National Origin ☐ Sex ☐ Other (specify)				
Describe your grievance in detail.				
(AHI A	ddidional Object if November 1			
(Attach an Additional Sheet if Necessary)				
Suggested Corrective Action:				
Employee Signature	Date			
	O IF WITHDRAWING A GRIEVANC	E		
Of my own free will, I request my grievance be withdrawn.	T			
Employee Signature	Date			
	<u> </u>			
TO BE COMPLETED UPON EMPLOYEE'S AGREEMENT THAT GRIEVANCE HAS BEEN RESOLVED				
I hereby confirm/agree that the suggested corrective action at		ance.		
Employee Signature	Date			