

**BONNEVILLE COUNTY  
GRIEVANCE FORM**

*Please submit all grievances in accordance with the procedure contained in Chapter IX of the County Personnel Policy Manual. A copy of the procedure may be obtained from the Human Resource Department.*

Step Number: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Submitted To: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Grievance:

Termination    Suspension    Demotion    Harassment    Discrimination    Unfair Application of Benefits

Other Adverse Employment Action (Specify) \_\_\_\_\_

Employment Conditions (Specify) \_\_\_\_\_

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**Employee's Statement**

Please provide a detailed statement including dates, times, location, and names of witnesses or other parties who may have relevant information to contribute. Attach copies of any documents or statements which you wish to be considered and indicate what you feel would be a fair and equitable solution or response to your grievance. Attach copies of any statements or responses from previous steps in the grievance process. *(attach additional pages if needed)*

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_