

INTERNAL AGENCY GRIEVANCE RESOLUTION FORM

INSTRUCTIONS FOR COMPLETION	FOR AGENCY USE ONLY
<p>You must complete both sides of this form and file it with your agency grievance manager:</p> <p>*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>	<p>AGENCY GRIEVANCE NUMBER:</p>

NAME (Last, First, Middle Initial)					
Employee ID 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		YES	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:					

STEP 1 - INFORMAL Briefly describe actions taken with your supervisor to resolve this dispute informally - Include the name of the supervisor and the date of the discussion.					
Name of Supervisor		Date			

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

RESOLUTION (Briefly state the resolution 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