



Montgomery County, Office of Human Resources

DEPARTMENT/SUPERVISOR GRIEVANCE RESPONSE FORM

You are required to complete this form because an employee you supervise has filed a grievance. For more information about the [County Grievance Procedure](#) contact the Labor/Employee Relations Team on 240-777-5114, review Section 34 of the Montgomery County Personnel Regulations, or click [here](#) to go to Section 34.

SUPERVISOR'S RESPONSE:

Date Received _____

Supervisor's Name and Signature _____ Date _____

RESOLVED: Yes ☐ No ☐ (If not resolved, employee has ten calendar days upon receipt of response to appeal to next step.)

DEPARTMENT/AGENCY HEAD'S RESPONSE:

Date Received _____

Department Agency Head's Name and Signature _____ Date _____

Employee's Signature _____ Date _____

RESOLVED: Yes ☐ No ☐ (If not resolved, employee has ten calendar days upon receipt of response to appeal to next step.)

OHR DIRECTOR'S RESPONSE:

Date Received _____

OHR Director's Signature _____ Date _____

Employee's Signature _____ Date _____

RESOLVED: Yes ☐ No ☐ (If not resolved, employee has ten calendar days upon receipt of response to appeal to next step.)

CHIEF ADMINISTRATIVE OFFICER'S RESPONSE:

Date Received _____

Chief Administrative Officer's Signature _____ Date _____

RESOLVED: Yes ☐ No ☐

A grievance may be appealed to the Merit System Protection Board within 10 working days of receipt of the Chief Administrative Officer's response.