



Montgomery County, Office of Human Resources Grievance Form for County Grievance Procedure

FILING INSTRUCTIONS – For more information about the County Grievance Procedure, contact the Labor/Employee Relations Team on 240-777-5114, review Section 34 of the County Personnel Regulations, or click [here](#) to go to Section 34.

1. Complete this form and give a copy, along with any supporting documentation, to your supervisor. Failure to provide your supervisor with a copy of your grievance may delay the process. Send one copy and any attachments to the Office of Human Resources, Labor/Employee Relations Team, 101 Monroe, Street, Rockville, Md. 20850.
2. Do/Will you have representation? If so, please provide name: _____
mailing address: _____ phone no.: _____
3. Would you be interested in Alternative Dispute Resolution? Yes ___ No ___

Failure to provide complete information may delay the processing of your grievance.

FILING INFORMATION: (Please Print Clearly)

Employee's Name: _____ Position Title: _____ Grade: _____

Department/Division/Section: _____ Immediate Supervisor: _____

Home Address: _____

Phone: Home: _____ Work: _____ E-mail address: _____

GRIEVANCE STATEMENT - You must cite the specific written policy, regulation, or treatment in which you believe a violation or inequity occurred. Please attach additional information if more space is needed. Failure to provide complete information may delay the processing your grievance.

RELIEF REQUESTED

Employee's Signature: _____ Date: _____

DEPARTMENT/SUPERVISOR INFORMATION In order to respond to the employee's grievance, please complete the Grievance Response Form, which can be obtained from OHR, Labor Relations Team or online at the OHR Resource Library.