



## Montgomery County, Office of Labor Relations 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 go to [http://montgomerycountymd.gov/ohr/resources/files/regulation/MCPR 2001 Section 34.doc](http://montgomerycountymd.gov/ohr/resources/files/regulation/MCPR_2001_Section_34.doc).

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.