

Secretary of State
 Department of Personnel
 196 Howlett Building
 Springfield, IL 62756

Copies: White - Department of Personnel
 Canary -Employing Department
 Pink - Union
 Goldenrod - Employee

GRIEVANCE REPORT AND RECORD

Employee Name:		Position Title:	
Department:		Phone (Work):	Union:
Division:		Phone (Home):	
Statement of Grievance: Cite alleged violation, date(s) of incident(s) and brief description of what constitutes the violation (attach additional sheet(s) if necessary).			
Relief Requested:			
Employee Signature:		Steward Signature:	
Date:		Date:	
Step 1: We have discussed this matter and have/have not resolved the grievance for the reason(s) described below. Relief offered: accepted/rejected. Attach additional sheets if necessary. Include name of immediate supervisor.			Date Submitted _____
Step 1 Designee Signature:			Date of Meeting _____
Date:			Date of Response _____
Step 2: We have discussed this matter and have/have not resolved the grievance for the reasons described below. Relief offered: accepted/rejected. Attach additional sheets if necessary.			Date Submitted _____
Department Director Signature:			Date of Meeting _____
Date:			Date of Response _____
Step 3: Third level response (Director of Personnel or Designee):			Date Submitted _____
Director of Personnel Signature:			Date of Meeting _____
Date:			Date of Response _____

Please include all relevant documents and statements
 PER D-53.3

