

Appendix "C"

FALLS COUNTY EMPLOYEE GRIEVANCE FORM

Pursuant to FCEG 32.02 of the Falls County Employee Guidelines, I am filing this grievance as I believe I have been discriminated against for the following reason(s):

- _____ 1. Race, sex, age, color, national origin, religion, or disability (as defined by the Americans with Disabilities Act and the authorities interpreting the said Act).
- _____ 2. Retaliation for reporting or opposing such discrimination referenced in number one above.
- _____ 3. Retaliation based on the filing of a workers compensation claim, or participation in proceedings relating to a workers compensation claim, or
- _____ 4. Retaliation for reporting illegal conduct of another.

The following is a statement of my grievance, which I hereby request be reviewed in accordance with Falls County procedures.

Name: _____ Position: _____

Department: _____ Immediate Supervisor: _____

The action resulting in this grievance took place on (date): _____

The statement of my grievance is as follows (continue with additional pages as needed):

(signature)