

**The Adjutant General's Department  
GRIEVANCE FORM  
State of Kansas**

This form is only to be used after an employee has taken the concern to the immediate supervisor, has had an opportunity for a full discussion of the grievance, is not satisfied with the supervisor's response and desires to appeal that decision.

<b>To:</b> _____	<b>From:</b> _____	<b>Date:</b> _____
<b>Worksite:</b> _____	<b>Position Title:</b> _____	<b>Phone:</b> _____
The following incident occurred on: _____ It was presented to my supervisor on: _____ I am not satisfied with the response received on: _____		

**Grievance:** (Additional pages may be attached.) Grievance information must include the specific alleged adverse effect(s) this matter has on the employee.

**Requested Remedy:**

\_\_\_\_\_  
Signature of Grievant/Date

- Employee provides copies to:**
- a) State Human Resources (SHR), State Defense Building, 2800 SW Topeka Blvd, Topeka, KS 66611-1287
  - b) The immediate supervisor

### Response of Second Level Supervisor

I received the grievance on \_\_\_\_\_, which was/was not within the 7 calendar day deadline.  
(Response must be completed within 7 calendar days, with the date of receipt being day 1.)

**Response:**

Signature/Date \_\_\_\_\_  
(Send copy of response to SHR)

### Response of Third Level Supervisor

I received the grievance on \_\_\_\_\_, which was/was not within the 7 calendar day deadline.  
(Response must be completed within 14 calendar days, with the date of receipt being day 1.)

**Response:**

Signature/Date \_\_\_\_\_  
(Send copy of response to SHR)

## Final Decision of the Adjutant General

I received the grievance on \_\_\_\_\_, which was/was not within the 7 calendar day deadline.  
(Response must be completed within 14 calendar days, with the date of receipt being day 1.)

**Response:**

**Signature/Date** \_\_\_\_\_

## The Adjutant General's Department Grievance Procedure State of Kansas

