

**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.

| | | |
|---|------------------------------|---------------------|
| To: _____ | From: _____ | Date: _____ |
| Worksite: _____ | Position Title: _____ | Phone: _____ |
| 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

Grievance #

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)

Grievance #
Effective: 052291; Rev: 03/01

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

