



CMCSS Classified Staff Grievance Form

Name _____ Work Site _____

Job Title _____

Date of alleged violation(s) _____ Date Grievance filed _____

Nature of Grievance:
See [CLS-P006](#) 5.2 and 5.3

Specific Relief Sought:
See [CLS-P006](#) 5.5

Date of meeting with Department Head / Supervisor _____

See [CLS-P006](#) 5.4

Name of Department Head / Supervisor _____

----- For Human Resources Use Only-----

Date Received _____ Date Meeting Held _____

Name of HR Mediator _____

Summary of Conference: