Employee Appeal/Grievance Form

Date: _____

Please complete this entire form.

Hand-deliver the completed form to 1809 Government Street, Mobile, AL.

- ☐ I was dismissed, and I deny the claims.
- ☐ I was suspended, and I deny the claims.
- ☐ I was demoted, and I deny the claims.
- ☐ I do not agree with my service rating.
- ☐ I received a letter of reprimand, and I deny the claims.
- ☐ I have a problem with my supervisor or fellow employee.
- ☐ I admit the claims, but the discipline is too severe.

Tell us what happened in the space below:

_____

_____

_____

_____

When did this happen?

_____

_____

What do you want us to do to help?

_____

_____

Print Name _____ Job Title _____

Signature _____ Where do you work? _____

Email Address _____ Phone Number _____

Address _____