



EMPLOYEE GRIEVANCE
STATE OF NORTH DAKOTA
SFN 18409 (12-06)

Employee/Agency Identification

Employee Name	
Employee Title	Telephone Number
Employing Agency	Address
Employee Status (check all that apply): <input type="checkbox"/> Classified <input type="checkbox"/> Non-classified <input type="checkbox"/> Probationary <input type="checkbox"/> Regular	
Immediate Supervisory	Title
Second Level Supervisory	Title
Appointing Authority	Title
State Specific Grievance – Attach additional sheets if necessary.	
Explain what action (remedy) you seek to resolve your grievance. (Attach additional sheets if necessary):	
Employee Signature	Date

Steps to Internal Resolution

Immediate Supervisor's Response:	
Supervisor Signature	Date

Employee <input type="checkbox"/> Accepts <input type="checkbox"/> Rejects Response	
Reason for Rejection:	
Employee Signature	Date

Second Level Supervisor's Response:	
Supervisor Signature	Date

Employee <input type="checkbox"/> Accepts <input type="checkbox"/> Rejects Response	
Reason for Rejection:	
Employee Signature	Date

Appointing Authority Response:	
Signature	Date

Employee <input type="checkbox"/> Accepts <input type="checkbox"/> Rejects Response	
Reason for Rejection:	
Employee Signature	Date