**(Employee and Management)**

FORMAL COMPLAINT FORM

THIS FORM MUST BE COMPLETELY FILLED OUT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Grievant (Please Print):**  **Job Title:**  **Date of Hire:** | | | **Work Phone:**  **Home Phone:**  **Send documents to external representative** | | |
| **Home Mailing Address:**  **Street or P.O. Box:**  **City: State:**  **Zip:** | | | **Work Mailing Address:**  **Dept:**  **Div/Section:**  **Street or P.O. Box:**  **City: State:**  **Zip:** | | |
| Date, time and place of event leading to grievance: | | | Date you became aware of the event, *(if different):* | | |
|  | | |  | | |
| Detailed description of grievance including names of other persons involved, if any *(NAC 284.678):* | | | | | |
|  | | | | | |
| Applicable sections of NRS and NAC *(Grievant must identify all statutes/regulations pertinent to this grievance if submitted to Employee-Management Committee. If none, please so indicate.):* | | | | | |
|  | | | | | |
| Proposed solution to grievance: | | | | | |
|  | | | | | |
| **Grievant: File a copy of this form with your immediate supervisor and retain a copy for filing at the next step or steps (see instructions on page 2 for a description of who to file with for steps 1 through 4) if necessary. If you do not receive a response within 10 working days or disagree with the action taken, you may file a copy of the grievance at the next step.** | | | | | |
| **Step** | **Grievance Filed With *(Please Print Name)*** | **Date** | | Grievant's Signature | **Date** |
| **1** |  |  | |  |  |
| **2** |  |  | |  |  |
| **3** |  |  | |  |  |
| **4** |  |  | |  |  |

**NPD-50**

(Rev. 02/13)

See instructions on page 2 of this form for procedures to be followed in filing a formal grievance.

#### Page 1 of 2