**(Employee and Management)**

FORMAL COMPLAINT FORM

THIS FORM MUST BE COMPLETELY FILLED OUT

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| --- | --- |
| **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