



County of Marin
Employee Grievance Form
Human Resources Department
PMR 24 – Grievance Procedures

Grievance No. _____ (HR USE ONLY)

The County has provided procedures for employees of the County to seek adjustment of grievance arising out of their employment relations with the County. All formal grievances must be initiated by completion and filing of this form with the Director of Human Resources. Use additional pages where needed.

Name & address of grievant: _____

Classification title of grievant: _____

Name of supervisor: _____ Date of informal discussion: _____

Department(s) and date grievance occurred: _____

Organization representing grievant: _____

Name of organization and representative: _____

Address/phone of organization: _____

Statement of grievance: _____

Contract, rule, regulation, ordinance, etc. violated: _____

Proposed solution to resolve grievance: _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature of grievant: _____ Date: _____

Signature of representative: _____ Date: _____