



**MONTGOMERY COUNTY INTERNAL GRIEVANCE FORM**

Date Grievance Filed \_\_\_\_\_ Date Act Complained of Occurred \_\_\_\_\_

Name of Complainant \_\_\_\_\_ Address \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Describe Your Complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Resolution Are You Seeking? \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ **FIRST STEP RESPONSE** (To Be Completed By Supervisor or Designee)

**FORWARD COPY TO LABOR & EMPLOYEE RELATIONS OFFICE AND GRIEVANT**

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\_\_\_\_\_

\_\_\_\_\_

Signature

Date \_\_\_\_\_ **SECOND STEP RESPONSE** (To Be Completed By Department Head or Designee)

**FORWARD COPY TO LABOR & EMPLOYEE RELATIONS OFFICE AND GRIEVANT**

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\_\_\_\_\_

Signature

Date \_\_\_\_\_ **THIRD STEP RESPONSE** (To Be Completed By Human Resources Director or Designee)

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**REQUEST FOR FOURTH STEP** (Date) \_\_\_\_\_

## GRIEVANCE INVESTIGATION REPORT FORM

### Step 1 Hearing Officer:

1. Collect and evaluate the following information before making a decision on the grievance.
2. This report form shall be a part of the permanent grievance file and **must** be completed, as appropriate to the issue, and forwarded in accordance with the established grievance procedure.
  - a) Sections 1 and 4 must be completed for all grievances.
  - b) Complete Section 2 for disciplinary grievance.
  - c) Complete Section 3 if discipline grievance involves rule violations.
3. If a question does not apply, write "does not apply."
4. If more space is needed, use additional sheets and staple securely to this form. Note attachments in the appropriate question.

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Grievant

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Title

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Employment Date

### Section 1 – To be completed for all grievances.

1. Describe briefly the grievance or complaint:
2. Date presented to you orally \_\_\_\_\_, in writing \_\_\_\_\_.
3. Was the grievance filed within contract time limits? If filing was not timely this is a critical factor and must be noted in your answer.  

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4. Describe the incident in detail (give location, date, time of day, and identify person, persons, equipment, etc. involved; if an action was taken, why was that action taken?)  

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5. What provisions of the labor contract are involved: Refer to grievance, your notes of grievance meeting, careful review of the contract.  

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## GRIEVANCE INVESTIGATION REPORT FORM

6. Is there an interpretation of the contract involved? What does the contract provide for? How do you interpret it? How does the grievant interpret it?

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7. In similar incidents, what has been the practice? Identify each case you believe contributed to the establishment of the practice. What were the particulars of each incident? Have there been deviations from the practice? When? Why? Does the grievance assert a past practice in support of his position? Why? Is the grievance correct in his claim? Refer to the Contract Administration Guidelines for a review of the elements of past practice.

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8. If you believe that a practice might exist, detail how and why the practice came about.

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### Section 2: Discipline

#### IF DISCIPLINE IS INVOLVED IN THIS GRIEVANCE:

9. What were the precise reasons for the discipline:

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10. What reasons were given to the grievance? If a written letter, reprimand or notation was given/made, attach copy.

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11. If work performance is an issue, describe job duties, attach job description.

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12. If employee's past record is under consideration, describe in detail, attach documentation of previous disciplinary actions/warnings.

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**GRIEVANCE INVESTIGATION REPORT FORM**

13. What admissions, remarks, comments were made by the grievant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. What efforts were made to corroborate grievant's position on the discipline?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Has anyone else in the same work unit/department been disciplined for the same or similar reasons in the last 24 months?  
 Yes       No
16. If the answer is Yes, list the name, reason for discipline, date, and discipline imposed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. If the answer is No to Number 15, were any employees not disciplined for the same or similar conduct?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. If the answer to Number 17 is Yes, give the name, conduct, action taken, date and reason for different treatment.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
19. List the names and jobs of any witness(es) (management and bargaining unit employees) who may or does have information relevant to this incident (Refer to Witness Statement Guideline) and attach as appropriate.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3 – Work/Safety Rules**

**IF WORK OR SAFETY RULE IS INVOLVED:**

20. Specific rule or policy grievant violated.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GRIEVANCE INVESTIGATION REPORT FORM**

21. How, when was this rule communicated to employees generally, and to grievant? (Written notice, handbook, etc.). If written, please attach.

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**Section 4**

22. Describe (attach copies of any other memos, correspondence, schedules or other documentary evidence concerning this case not previously attached.)

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23. List any other important facts/issues not discussed.

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24. What options are available in answering this grievance? Reasons accepted/rejected?

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\_\_\_\_\_  
Hearing Officer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**FORWARD REPORT TO SUPERVISOR/MANAGER DESIGNATED TO HEAR STEP 2 GRIEVANCES. RETAIN 1 COPY; SUBMIT 1 COPY TO LABOR & EMPLOYEE RELATIONS OFFICE.**

**GRIEVANCE INVESTIGATION REPORT FORM**

**GRIEVANCE INVESTIGATION REPORT – STEP 2**

**THE FOLLOWING SECTION TO BE COMPLETED BY SUPERVISOR OR  
MANAGER HANDLING THE GRIEVANCE AT STEP TWO.**

1. Date grievance received \_\_\_\_\_.
2. Was grievance submitted to you within contract time limits (if not, failure to appeal within time limits should be noted in your answer.) \_\_\_\_\_
3. Do you agree with the Step 1 report/answer? \_\_\_\_\_  
If not, list any statements with which you do not agree.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. In similar incidents, what has been your experience with past practice?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. List any additional facts and sources of information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. List any additional decisions or options considered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What is your decision and why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. If your decision is not accepted, list any settlements proposed by the union or the employee.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**THIS REPORT SHALL BE A PART OF THE PERMANENT GRIEVANCE FILE AND  
MUST BE COMPLETED. RETAIN ONE (1) COPY FOR YOUR PERSONAL FILE.  
FORWARD ONE (1) COPY TO THE LABOR & EMPLOYEE RELATIONS OFFICE.**