

GRIEVANCE OR COMPLAINT

North Dakota Department of Transportation, Human Resources
SFN 9963 (Rev. 05-2011)

PART I - GRIEVANT OR COMPLAINANT INFORMATION

(Complete all items, or enter N/A if an item does not apply. See NDDOT Personnel Policy 20.1.)

Grievant's or Complainant's Name	Classification		
Division or District	Work Unit or Section		
Grievant's or Complainant's Mailing Address	City	State	Zip Code
Home Telephone	Work Telephone		
Status (Check all that apply.)	<input type="checkbox"/> Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary <input type="checkbox"/> Applicant		

PART II - TYPE OF GRIEVANCE OR COMPLAINT IDENTIFICATION (Check either A or B.)

- A. Complaint of employment discrimination, retaliation, or reprisal because of: (Check at least one.)
- Race Color Religion Sex Age National Origin Genetics
 - Workplace Harassment Physical or mental handicap or disability
 - Political opinions or affiliations Status with regard to marriage or public assistance
 - Participation in lawful activity off the Department's premises during non-working hours which is in direct conflict with the essential business-related interests of the Department.
 - Retaliation from filing a complaint, providing evidence or testimony on behalf of someone filing a complaint, acting as a whistle blower, or refusing to perform an illegal act.
- B. Grievance of employer action: termination, suspension without pay, demotion, forced relocation, reduction-in-force, and acts of retaliation or reprisal

PART III - GRIEVANCE OR COMPLAINT AND SOLUTION

On attached paper, provide the following required information:

1. State the specific grievance or complaint and the date the action or incident occurred.
2. State the specific solution sought to resolve the issue.
3. List attached documentation.

PART IV - SIGNATURE

Grievant's or Complainant's Signature _____	Date _____
---	------------

PART V - ACKNOWLEDGEMENT

This is to acknowledge receipt of your grievance or complaint.

NDDOT Director's or Representative's Signature _____	Date _____
--	------------

INSTRUCTIONS

GENERAL

1. Instructions provided for this form are not meant to be all inclusive. Employees or applicants for employment filing a grievance or complaint are responsible for all grievance, complaint, and appeal procedural requirements stated in the NDDOT Personnel Manual and North Dakota Administrative Rules.
2. Employees and applicants for employment may use this form to file complaints of discrimination and to grieve employer actions as identified and defined under NDDOT Policy Statement 20.1, Grievance and Complaint Policy. Regular employees **MUST** complete the Department's grievance and complaint process before appealing to Human Resource Management Services (HRMS).
3. Grievances and complaints **MUST** include all required information and **MUST** meet all time frames as defined in Policy Statement 20.1.
4. All inquiries should be directed to the Human Resources Division, 608 East Boulevard Avenue, Bismarck, ND 58505-0700, Telephone (701) 328-2500, TTY 1-800-366-6888 or the Human Resource Management Services Division, 600 East Boulevard Avenue, Bismarck, ND 58505-0120. Telephone (701) 328-3290, TTY 1-800-366-6888.

PART I

All information in this section **MUST** be completed.

PART II

1. Check item "A" if the complaint is of employer discrimination, retaliation, or reprisal to a regular, temporary, or probationary employee or applicant for employment. Next check all boxes that apply indicating the basis for the complaint. The discrimination **MUST** be based on at least one of the listed categories. Then complete Parts III and IV of this form.
2. Check item "B" if the grievance is due to employer action(s) as defined. Then complete Parts III and IV of this form. (Temporary and probationary employees and applicants for employment can only grieve allegations of discrimination, retaliation, or reprisal.)

PART III

The grievance or complaint identified in this part will serve as source information for the Human Resource Management Services Division to determine if this issue can be appealed should that step be necessary.

1. State the specific grievance or complaint in a manner that clearly defines the issue(s) upon which the grievance or complaint is based.
2. State the minimum solution acceptable for resolution of this grievance or complaint.
3. Attach legible copies of all available pertinent documentation.

PART IV

The employee or applicant **MUST** sign and date this section to verify the information contained in Parts I through III.

PART V

The NDDOT Director, or representative, **MUST** sign and date this section to acknowledge receipt of the grievance or complaint.