

# COMPLAINT/GRIEVANCE OF NON-EMPLOYER ACTIONS

North Dakota Department of Transportation, Human Resources  
SFN 60738 (8-2016)

## Employee/Agency Identification

Employee Name	Employee Title		
Address	City	State	ZIP Code
Telephone Number	Division / District		
Employee Status (check all that apply)	<input type="checkbox"/> Classified	<input type="checkbox"/> Non-classified	<input type="checkbox"/> Probationary <input type="checkbox"/> Regular
Immediate Supervisor	Title		
Second Level Supervisor	Title		
Appointing Authority	Director, NDDOT		

State Specific Complaint/Grievance (Attach additional sheets if necessary.)

Explain what action (remedy) you seek to resolve your complaint/grievance. (Attach additional sheets if necessary.)

Employee Signature	Date
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Steps to Internal Resolution (Attach additional sheets if necessary.)

Immediate Supervisor's response	
Supervisor Signature	Date
Employee <input type="checkbox"/> Accepts <input type="checkbox"/> Rejects Response	
Reason for Rejection	
Employee Signature	Date
Second Level Supervisor's response	
Supervisor Signature	Date
Employee <input type="checkbox"/> Accepts <input type="checkbox"/> Rejects Response	
Reason for Rejection	
Employee Signature	Date
Appointing Authority Response	
Appointing Authority Signature	Date
Employee <input type="checkbox"/> Accepts <input type="checkbox"/> Rejects Response	
Reason for Rejection	
Employee Signature	Date