COMPLAINT/GRIEVANCE OF EMPLOYER ACTIONS

North Dakota Department of Transportation, Human Resources
SFN 9963 (4-2026)

PART I - COMPLAINANT/GRIEVANT INFORMATION

(Complete all items, see NDDOT Personnel Policy 20.1 for filing procedures.)

Complainant's or Grievant's Name	Classification		
Division or District	Work Unit or Section		
Complainant's or Grievant's Mailing Address	City	State	ZIP Code
Home Telephone	Work Telephone		
Employment Status (check all that apply): ☐ Regular ☐ Probationary ☐ Temporary ☐ Applicant			

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

◯ A. Complaint/Grievance of employer action (check at least one):

☐ Termination ☐ Suspension without pay ☐ Demotion ☐ Forced Relocation ☐ Reduction in force

◯ B. Complaint/Grievance 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 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.

PART III - COMPLAINT OR GRIEVANCE AND SOLUTION

On attached paper, provide the following required information:

1. State the specific complaint or grievance 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

Complainant's or Grievant's Signature	Date

PART V - ACKNOWLEDGEMENT (This is to acknowledge receipt of your complaint or grievance.)

NDDOT Director's or Representative's Signature	Date

INSTRUCTIONS LOCATED ON PAGE 2

INSTRUCTIONS

GENERAL

1. Instructions provided for this form are not meant to be all inclusive. Employees or applicants for employment filing a complaint or grievance are responsible for all complaint, grievance, 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, Complaint and Grievance Policy. Regular employees MUST complete the Department's complaint and grievance process before appealing to Human Resource Management Services (HRMS).
3. Complaints or grievances 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 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.)
2. Check item "B" 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.

PART III

The complaint or grievance 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 complaint or grievance 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 complaint or grievance.
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 complaint or grievance.