State of Arkansas
Grievance Form

This form is used to file a grievance pursuant to A.C.A § 21-1-701 *et seq*. and the State of Arkansas Grievance Policy and Procedure. This form must be completed and submitted to your Department's Grievance Officer to initiate the process. Supporting documentation may be submitted along with this form. Contact your human resources office for more information regarding your Department's grievance policy.

Department: _____ Division, if applicable: _____

Employee's Name: _____ Phone Number: _____

Job Title: _____ Grade: _____ Supervise: ☐ Yes ☐ No

Email Address: _____

Home Address: _____

Supervisor's Name: _____

In order for a complaint to be processed, the following information must be provided:

1. What disciplinary action are you grieving?

   ☐ Termination ☐ Suspension

2. What was the date of the disciplinary action? _____

3. What action have you taken to address the situation with your immediate supervisor?

   _____

4. What remedy do you request?

   _____

5. I request as my first step: ☐ Mediation ☐ Administrative Review Hearing

_____ _____

Employee's Signature Date

Official Use Only

Grievable: ☐ Yes ☐ No If no, explain:

_____

_____ _____ _____

Grievance Officer's Name Grievance Officer's Signature Date