

DEPARTMENT OF NATURAL RESOURCES GRIEVANCE FORM
COLLECTIVE BARGAINING EXEMPT PERSONNEL

Grievance No. _____

Employee Name

Home Address

Home Telephone No.

Work Telephone No.

Work Unit

Division/ Office

Position Control Number

Classification

Date _____ and time _____ of incident leading to grievance.

Statement of Fact of Occurrence:

Cite Rule, Policy or Law Allegedly Violated:

Relief Sought:

Employee Signature

Date Filed

Name of Representative Employee To Accompany Employee:

(Step 1) Classification/Location

(Step 2) Classification/Location

(Step 3) Classification/ Location

DNR 1239 (09/97)