INFORMAL GRIEVANCE SUMMARY

The supervisor or other responding official shall complete this summary within 30 calendar days of the filing of the grievance (unless the time limits have been suspended or extended). This completed summary shall be provided to the grievant and the servicing ERB as specified below.

TO: __________________________________________ [Name of Grievant]

COPY: __________________________________________ [Name/Address of Servicing Employee Relations Branch (ERB)]

GRIEVANCE ISSUE(S): _____________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Note: See Section A, General Provisions for issues that are excluded from the Administrative Grievance System.

RESOLUTION ATTEMPTS: Attempts were made to resolve the grievance on (dates):
________________________________________________________________________

[ ] The grievance was resolved in the following manner (explain resolution):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

[ ] The grievance was not resolved (explain what issues remain unresolved):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Note to Grievant: If you are dissatisfied with this response, you have the right to file a formal grievance within 10 calendar days of your receipt of this response by submitting it to your servicing ERB identified above. Specific information on filing a formal grievance may be found in Subchapter 4771, Section C of the Human Resources Desk Guide.

RESPONDING OFFICIAL’S NAME: __________________________________________
(TYPE OR PRINT)

SIGNATURE __________________________ DATE SENT OR MAILED