

Town of Herman , Shawano County Employee Grievance Form

Employee Name: _____

Job Title: _____

Employee Contact Information: (provide phone numbers, mailing address, etc.) _____

Grievance Level (check one): (Step 1) Meeting with Town Board Representative
(Step 2) Request for Impartial Hearing
(Step 3) Appeal to Town Board

This section to be completed for Step 1 only: Describe the grievance: state all relevant facts, including time, place of incident being grieved, names of persons involved, steps taken to informally resolve the grievance, etc. Attach additional sheets if needed.

Additional sheets attached

Describe relief sought: _____

Employee's Signature

Date Submitted