

**HR-15**  
**ELECTED OFFICIAL/ DEPARTMENT HEAD RESPONSE TO**  
**EMPLOYEE GRIEVANCE FORM**

This form and required documentation must be received by the  
Human Resources/Civil Service Director within five business days  
after the department receives a copy of the employee's grievance.

Grievant: \_\_\_\_\_

Action being grieved:

Suspension of \_\_\_\_\_ days       Demotion       Discharge

Date  of action or  I became aware of the action \_\_\_\_\_

Does your department have an internal grievance process?       Yes       No  
(If yes, attach copies of documents showing the results of that process.)

- a. Attached are copies of documents I will be presenting at the hearing.
- b. Attached is a list of persons (if any) I will be calling to testify.
- I have sent a copy of (a) and (b), above, to the employee who has filed the grievance.

\_\_\_\_\_  
Signature of Elected Official or Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Department

The Employee and the Civil Service Director should send all communication to the Employee or the Employee's representative as follows:

\_\_\_\_\_  
Elected Official/Department Head or Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone      Fax

\_\_\_\_\_  
Email

The right to grieve an action to the Montgomery County Civil Service Commission is available only in cases of (1) unpaid suspension of more than 3 days, (2) demotion to a position with a lower salary grade and/or pay rate, or (3) discharge.