



Montgomery County, Office of Labor Relations
Grievance Form for County Grievance Procedure

FILING INSTRUCTIONS – For more information about the County Grievance Procedure, contact Labor.team@montgomerycountymd.gov.

1. Complete this form and give a copy, along with any supporting documentation, to your supervisor. Failure to provide your supervisor with a copy of your grievance may delay the process. Send one copy and any attachments to the Office of Labor Relations, 101 Monroe, Street, Rockville, MD. 20850.
2. Do/Will you have representation? If so, please provide name: _____
mailing address: _____ phone no.: _____
3. Would you be interested in Alternative Dispute Resolution? Yes ___ No ___

Failure to provide complete information may delay the processing of your grievance.

FILING INFORMATION: (Please Print Clearly)

Employee’s Name: _____ Position Title: _____ Grade: _____
 Department/Division/Section: _____ Immediate Supervisor: _____
 Home Address: _____
 Phone: Home: _____ Work: _____ E-mail address: _____

GRIEVANCE STATEMENT - You must cite the specific written policy, regulation, or treatment in which you believe a violation or inequity occurred. Please attach additional information if more space is needed. Failure to provide complete information may delay the processing your grievance.

RELIEF REQUESTED

Employee’s Signature: _____ Date: _____

DEPARTMENT/SUPERVISOR INFORMATION In order to respond to the employee's grievance, please complete the Grievance Response Form, which can be obtained from the Office of Labor Relations.