

DEPARTMENT OF CORRECTIONS GRIEVANCE RESOLUTION FORM

<p style="text-align: center;">INSTRUCTIONS FOR COMPLETION</p> <p>You must complete this form and file it with your agency grievance manager. If you are filing a complaint alleging discrimination, you must complete the information on the right side of this form.</p>	<p style="text-align: center;">FOR AGENCY USE ONLY</p> <p>FILED (Stamp)</p> <p>GRIEVANCE NUMBER:</p>												
<ul style="list-style-type: none"> • Please print or type • Submit the original and attach any relevant documents • Do not submit documents which you want returned. • For further information on the internal agency grievance resolution procedure see Title 74 O.S. § 840-6.2(841.9), Subchapter 19 of the Oklahoma Merit Protection Commission Merit Rules, and the agency internal agency grievance resolution procedure, OP-110205 	<p style="text-align: center;">FOR USE WHEN FILING DISCRIMINATION COMPLAINTS ONLY</p> <p>I certify by my signature on this form that this grievance describes an adverse employment condition which I believe occurred or was directed at me due to: (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Political opinion or affiliation</td> <td><input type="checkbox"/> National Origin</td> </tr> <tr> <td><input type="checkbox"/> Religious opinion or affiliation</td> <td><input type="checkbox"/> Disability</td> </tr> <tr> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Sexual Harassment</td> </tr> <tr> <td><input type="checkbox"/> Creed</td> <td><input type="checkbox"/> Retaliation/Reprisal</td> </tr> <tr> <td><input type="checkbox"/> Gender</td> <td><input type="checkbox"/> Color</td> </tr> <tr> <td><input type="checkbox"/> Age over 40</td> <td></td> </tr> </table>	<input type="checkbox"/> Political opinion or affiliation	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religious opinion or affiliation	<input type="checkbox"/> Disability	<input type="checkbox"/> Race	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Creed	<input type="checkbox"/> Retaliation/Reprisal	<input type="checkbox"/> Gender	<input type="checkbox"/> Color	<input type="checkbox"/> Age over 40	
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NAME (Last, First, Middle Initial)													
RACE/GENDER (for statistical purposes only)	FACILITY												
HOME ADDRESS (Street Number, P.O. Box, State, Zip Code)													
WORK TELEPHONE ()	HOME TELEPHONE ()												
JOB FAMILY CODE	JOB FAMILY TITLE												
PAY BAND	CLASSIFIED [] YES [] NO												
REPRESENTATIVE (Name, Address, and Telephone Number)													
SPOKESPERSON--FOR GROUP GRIEVANCES ONLY (Name, Address, and Telephone Number)													
I believe the following provisions of the Oklahoma Personnel Act, Merit Rules, or other agency policy, procedure, or rules have been violated:													
<p>_____</p> <p>_____</p>													
BRIEFLY DESCRIBE ACTIONS TAKEN WITH YOUR SUPERVISOR TO RESOLVE THIS DISPUTE INFORMALLY--INCLUDE THE NAME OF THE SUPERVISOR AND THE DATE OF THE DISCUSSION. This section is mandatory to complete per Merit Rule 455:10-19-61. If this section is incomplete, your grievance will be rejected.													
Name of Supervisor _____ Date _____													
DID YOU ATTEMPT TO RESOLVE THIS DISPUTE THROUGH MEDIATION? [] YES [] NO													
IF YES, PROVIDE DATE OF MEDIATION SESSION: _____													

It may be necessary to reach you at work in the course of the investigation. Please check here if you do not want messages left with members of your chain of command concerning this grievance.

Attachment A
OP-110205
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REASON FOR GRIEVANCE (Be specific as to the reason you are filing this grievance and include specific facts, names, dates, places, etc. to include facility/party against whom grievance is being filed. Attach additional sheets if necessary):

REMEDY (Briefly state the remedy or relief you are seeking from this grievance):

Misrepresentation or falsification of this document is a violation of the Oklahoma Personnel Act. I declare that I have read this grievance and the statements contained herein are true to the best of my knowledge and belief.

Signature of Employee _____ Date _____