CITY OF COLUMBIA – HUMAN RESOURCES DEPARTMENT
Grievance Form

A grievance is defined as any complaint by an employee who feels they have been treated unfairly, unlawfully, or in violation of City policy with regard to any matter pertaining to their employment with the City of Columbia. This definition includes, but is not limited to, discharge, suspension, involuntary transfer, promotion, and demotion. Performance appraisals are not grievable.

1. Employee Information

Name:
Employee Number:
Department / Division:
Job Title:
Supervisor:
Work Location:
Phone Number:
Email Address:

2. Purpose of Grievance

Describe the issue (Discharge, Suspension, Involuntary Transfer) you are appealing:_____

_____

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3. Prior Attempts to Resolve Issue

Have you reported or attempted to resolve this issue before filing this grievance?

☐ Yes ☐ No

If yes, list who you spoke with and summarize actions taken:

4. Desired Outcome

What resolution would help you feel this issue has been addressed?

_____

_____

_____

5. Supporting Documentation

Please attach any relevant documents such as emails, photos, or notes. ☐ Attached ☐ NA

6. People Involved or Witnesses

Name	Title	Department	Role

7. Employee Certification

I certify that the information provided is true and complete to the best of my knowledge.

Employee Signature: _____

Date: _____

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For HR / Administration Use Only

Date Received:

Received By:

Scheduled Grievance Date:

Filed within 14 days: ☐ Yes ☐ No

Progressive Disciplinary Actions Taken:

Initial Review Notes:

Grievance Decision:

HR Representative Signature: