

Kewaunee County Employee Discipline Grievance Form

Name of Grievant:	Work Phone:
Job Title:	Home Phone:
Home Mailing Address:	DATE AND TIME RECEIVED <i>(for County use only)</i>
1. Discipline/Termination Being Grieved. Provide a description of the discipline/termination being grieved.	
2. Basis For Grievance. Provide a detailed description of the reason or reasons why you believe that the County's decision to discipline or terminate you was incorrect and should be overturned and a detailed description of any facts or information which support your belief.	
3. Witnesses. Identify by name, telephone number and address of all witnesses that you believe will support your claim that the County's decision to discipline or terminate you was incorrect and should be overturned. Provide a summary of the facts and/or information known by each witness.	
4. Documents. Attach any documents which support your claim that the County's decision to discipline or terminate you was incorrect. If you do not have a document, provide a description of the document which includes date of the document, the source of the document and the content of the document.	
5. Remedy Requested. Describe in detail how you believe the County's disciplinary action or termination should be modified.	

6. Certification and Signature.

By my signature below, I certify that I have read the above complaint and I declare that this complaint is true and correct.

Signature of Grievant: _____ **Date Signed:**
