

## Kewaunee County Workplace Safety Grievance Form

<b>Name of Grievant:</b>	<b>Work Phone:</b>
<b>Job Title:</b>	<b>Home Phone:</b>
<b>Home Mailing Address:</b>	<b>DATE AND TIME RECEIVED</b> <i>(for County use only)</i>
<b>1. Identification of Condition Being Grieved.</b> Provide a description of the Workplace Safety condition being grieved.	
<b>2. Basis For Grievance.</b> Provide a detailed description of the standard under Wis. Admin. Code Chap. Comm 32 that you believe has been violated and a detailed description of any facts or information which support your belief.	
<b>3. Witnesses.</b> Identify by name, telephone number and address of all witnesses that you believe will support your claim that the County has violated a standard established under Wis. Admin. Code Chap. Comm 32. Provide a summary of the facts and/or information known by each witness.	
<b>4. Documents.</b> Attach any documents which support your claim. 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.	
<b>5. Remedy Requested.</b> Describe in detail the remedy you request.	

**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 to my knowledge and belief.

**Signature of Grievant:** \_\_\_\_\_ **Date Signed:**  
\_\_\_\_\_