

STACIE KWITEK, EXECUTIVE DIRECTOR
DEPARTMENT OF HUMAN SERVICES

EMPLOYEE CONDUCT GRIEVANCE FORM

I, _____ wish to file a grievance against an employee of
(Please print your name)
of the El Paso County Dept. of Human Services.

My CBMS # is _____ (if applicable).

The employee(s) name(s) is/are: _____

Specifically describe the **conduct** of the employee(s) that you wish to report. What did he/she/they do? **Example: If you feel the worker acted in a negligent manner, specifically describe what the worker did or did not do.**

(Please attach paper to continue)

I allege that this conduct is (please choose one or more):

- against the law.
- contrary to regulations.
- dangerous, malicious, or negligent.

My DOB _____

Explain: _____

What remedies are you seeking? What do you want to happen?

(Please attach paper to continue)

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How have you already tried to resolve your grievance through department staff, supervisors, or managers?

Please describe the reasons you are not satisfied with the Departments' response to your grievance.

Client Phone Number:

Client Email Address:

Signed: _____ **Date:** _____
(Signature)

NOTE: Your grievance cannot proceed unless this form is filled out completely and signed.