



COMMISSIONERS:  
CAMI BREMER (CHAIR)  
CARRIE GEITNER (VICE -CHAIR)

COLORADO  
DEPARTMENT OF HUMAN SERVICES

HOLLY WILLIAMS  
STAN VANDERWERF  
LONGINOS GONZALEZ, JR.

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.**

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(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: \_\_\_\_\_

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

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(Please attach paper to continue)



# EL PASO COUNTY



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

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

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Client Phone Number:

Client Email Address:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

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

