

Town of Barnes
Employee Complaint Procedure

1/1/2004

Name: _____ Position: _____

Address: _____

Home Phone: _____ Supervisor: _____

1. Was there an oral discussion of grievance with Supervisor?
__ Yes __ No If yes, date of discussion: _____

2. Statement of Facts:

3. Issue or issues Involved:

4. Policy Violated: _____

5. Remedy Sought:

Signature of Employee: _____ Date: _____