

City of Belle Fourche Grievance Form



Person Filing Grievance: Name _____

Address _____

Contact Phone Number _____

Date of Event Causing Grievance: _____

Summary of Grievance: (Including location and people involved) _____

Agreement, contract, policy, rule, regulation or law that has been violated, misinterpreted or inequitably applied: (include explanation) _____

Relief Requested: _____

Signature: _____ Date _____

Date Received by Supervisor/Department Head: _____