

**MISSISSIPPI STATE PERSONNEL BOARD  
GRIEVANCE FORM**

<b>Agency</b>	<b>Date</b>
<b>Name</b>	<b>Job Classification</b>
<b>Mailing Address</b>	<b>Telephone Number(s)</b>

**GRIEVANCE STATEMENT** *(Include identity of grievant and witnesses, if any.)*

**RELIEF SOUGHT**

**Grievant's Signature:** \_\_\_\_\_

**STEP ONE: Decision of Immediate Supervisor**

**Supervisor's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>Employee Answer</b>		I am satisfied with the answer to my grievance.
		I am not satisfied with the answer to my grievance and wish to have it advanced to the next step.

**STEP TWO: Reply to Employee Grievance, Next Level of Management**

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**Supervisor's Signature**

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**Date**

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**Employee Answer**

	I am satisfied with the answer to my grievance.
	I am not satisfied with the answer to my grievance and wish to have it advanced to the next step.

**STEP THREE: Agency Decision**

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**Signature**

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**Date**

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