



County of Modoc  
Formal Grievance Form  
(Step II)

Department Head: \_\_\_\_\_

Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of initial event or Happening: \_\_\_\_\_

Nature of Grievance: (include others involved, place, etc.)

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Date of interview with supervisor \_\_\_\_\_

ATTACH SUPERVISOR'S RESPONSE

**NOTE: WRITTEN DECISION TO THIS GRIEVANCE SHOULD BE DELIVERED TO GRIEVANT WITHIN FIVE WORKING DAYS OF RECEIPT (in the case of absence of the parties, those days shall not count - except that response shall be delivered within fifteen working days regardless.)**