



HUMAN RESOURCES

Georgia Building Authority / State Properties Commission / Georgia State Financing & Investment Commission

HR-02: Unclassified Employee Grievance Form

Employee Name: _____ Employee ID #: _____

Job Title: _____ Department: _____

Work Telephone: _____ Home Phone: _____

Best time to reach you by phone: _____ E-mail: _____

Preferred Mailing Address: _____

Supervisor's Name: _____ Supervisor's Phone #: _____

Please describe your grievance including the date the issue occurred, the names of other employees involved, and the names of any witnesses.

Are you alleging erroneous, arbitrary or capricious interpretation or application of human resource policies, personnel policies, or other procedures? If so, please specify which policies and describe the erroneous, arbitrary or capricious interpretation or application.



HUMAN RESOURCES

Georgia Building Authority / State Properties Commission / Georgia State Financing & Investment Commission

HR-02: Unclassified Employee Grievance Form

Are you submitting additional documents? yes no. If yes, how many pages are attached? _____

Requested relief:

My signature certifies that the information contained in this Unclassified Service Grievance Form and supporting documents is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Hand deliver, fax, or mail this Unclassified Service Grievance Form and supporting documents to:

Director of Human Resources
GBA, SPC, GSFIC
2nd Floor
270 Washington Street
Atlanta, Georgia 30334
Fax 404-463-5669

For information or assistance please call the Human Resources Department at 404-463-5656.