



**Travis County
Emergency Services District #1
GRIEVANCE RESOLUTION PROCEDURE FORM**

DATE: ____/____/____

INFORMAL

FORMAL

EMPLOYEE NAME: _____ EMPLOYEE #: _____

RANK: _____ STATION: _____ SHIFT: _____

OFFICER'S NAME: _____ EMPLOYEE #: _____

RANK: _____ STATION: _____ SHIFT: _____

NATURE OF GRIEVANCE:

DETAILS OF GRIEVANCE:

I hereby certify that the information provided is true and correct to the best of my knowledge and that this document is executed in good faith.

Signature: _____

Date: ____/____/20____