

**BASTROP COUNTY**  
**Employee Grievance Report**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Your job title: \_\_\_\_\_ Your department: \_\_\_\_\_

Timeframe of Situation/Disagreement: \_\_\_\_\_

Name the person(s) involved in this disagreement: \_\_\_\_\_

Your relationship with person(s): \_\_\_\_\_

Briefly describe the nature of your concern (continue on additional pages if necessary).

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List any witnesses (witnesses must have first-hand knowledge of event involved in the disagreement).

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What do you want to happen to resolve this situation?

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Did you try and resolve your situation with your immediate supervisor?  Yes  No

Did you try and resolve your situation with your Department Head/Elected Official?  Yes  No

If you tried to resolve with your supervisor or elected official do you feel the problem was resolved?  Yes  No

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide this form to your immediate supervisor or Human Resources Department within five days of the incident. If provided to Human Resources, the Director of Human Resources will notify your Department Head/Elected Official for resolution.

**Note:** You do not have to fear retaliation for voicing a concern.