

**MISSISSIPPI STATE PERSONNEL BOARD  
GRIEVANCE FORM**

**NAME:**

**JOB CLASSIFICATION:**

**AGENCY:**

**TELEPHONE NUMBER(S):**

**MAILING ADDRESS:**

**EMAIL:**

**DATE EMPLOYEE BECAME AWARE OF ALLEGED GRIEVABLE**

**ISSUE** (*Reference Section 8.2(A) MS State Employee Handbook*):

**GRIEVABLE ISSUE** (*Reference Section 8.1 MS State Employee Handbook For Grievable Issues*) - ATTACH ADDITIONAL DOCUMENTS IF NECESSARY

**RELIEF SOUGHT:**

**GRIEVANT'S SIGNATURE:**

**DATE SUBMITTED:**

**FIRST LEVEL AGENCY RESPONSE:**

**SIGNATURE:**

**TITLE:**

**DATE:**

**GRIEVANT'S RESPONSE:**

**GRIEVANT'S SIGNATURE:**

**DATE RE-SUBMITTED:**

*Reference section 8.2(C) of the MS State Employee Handbook*

**FINAL AGENCY RESPONSE:**

**SIGNATURE:**

**TITLE:**

**DATE:**

**ACKNOWLEDGEMENT OF RECEIPT**

**GRIEVANT'S SIGNATURE:**

**DATE RECEIVED:**