

Rule 15 of the Personnel Board of Jefferson County Rules & Regulations governs the grievance process. It is important to review this Rule prior to completing this form. Grievance Form 1B should be completed by the immediate supervisor of an employee who has completed and submitted Grievance Form 1A outlining a matter being grieved. Before completing this Form 1B, the immediate supervisor should thoroughly review the matter outlined by the grievant in Form 1 and appropriately and meaningfully consider the matter and any potential resolutions. **This Form 1B should be completed and submitted to the grievant with a copy provided to the Personnel Board Employee Relations Department (EmployeeRelations@pbjcal.org) within seven days of receipt of Form 1A.** The immediate supervisor may elect to refer the grievance to his or her superior within the time period of his or her reply for completion of this Form 1B.

Grievant Information

This form is in response to the Grievance Form 1A submitted by (name of employee): _____

Date Grievance Form 1A was received: _____

Your Contact Information

Name: _____

Work Email: _____

Job Title: _____

Work Phone: _____

Employer: _____

Alternate Phone: _____

Department: _____

Work Address

Street: _____

City: _____

State: _____

Zip: _____

Working Relationship to Grievant

Are you the immediate supervisor of the employee who filed the grievance? Yes No

If no, what is your working relationship to the grievant? (e.g., second-level supervisor, department head, etc.)

Response to Grievance

Provide a detailed response to the incident/matter being grieved in Form 1A including names of other persons or circumstances involved with the matter, if any. Also, document any dispute of information provided by grievant in Form 1A.

List Personnel Board Rules & Regulations and/or organizational policies related to this matter, if any:

Document your perspective on any solution(s) proposed by the grievant in Form 1A. If the grievant's proposed solution is not acceptable, outline any viable proposed alternative solution(s).

Department Head Contact Information

Dept Head Name: _____

Work Phone: _____

Dept Head Job Title: _____

Email Address: _____

Date and Signature

Signature

Date Form Submitted to Employee: _____

This form should be submitted to the employee who filed the grievance within seven days of receipt of Form 1A, with copy submitted to the Personnel Board Employee Relations Department (EmployeeRelations@pbjcal.org).