RESPONSE TO FORMAL GRIEVANCE

Name of Grievant:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Step No:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following is to be completed by the person responding to the grievance and attached as the top copy to the formal grievance at each step in the grievance procedure. (*See the NPD-50, Formal Grievance, for the grievance procedure.)*

Received By:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action Taken:

Submitted to Grievant on:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Respondent Title

**The following is to be completed by the Grievant (Check as Appropriate):**

[ ]  Agree with action at this step – grievance resolved.

 [ ]  Disagree with action at this step.

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Grievant Date

**NOTE TO GRIEVANT:** If you disagree with the action taken, or did not receive a response within the 10 working days allowed, you have 10 working days to submit your grievance to the next step. Place a copy of your formal grievance on top of this response and include all prior forms and responses when filing at the next step.