



**THE NORTH DAKOTA WORKFORCE DEVELOPMENT COUNCIL –
STATE COMMISSION ON NATIONAL AND COMMUNITY SERVICE**

GRIEVANCE AND COMPLAINT FORM

PART I. APPELLANT IDENTIFICATION:

Appellant's Name (Last, First, M. I.)	Social Security Number:
Employing Agency/Sub-grantee:	Work Unit/Division:
Immediate Supervisor:	Title:
Agency/Sub-grantee Administrator:	Title:
Appellants Mailing Address:	City, State, Zip Code:
Appellants Title:	Home Phone: Work Phone:

PART II – GRIEVANCE/REMEDY IDENTIFICATION:

State the Grievance: (Be Specific. Use additional sheets if necessary.)

State the Specific Remedy(ies) Sought to Resolve this Grievance:

Outcome of Agency/Sub-grantee Grievance Procedure:

Date of Notification or Date of Aggrieved Action:

PART III – REQUIREMENT TO COMPLETE AGENCY/SUB-GRANTEE GRIEVANCE PROCEDURE:

Before an appeal may be submitted to the State Commission, the AmeriCorps member or applicant must complete the Grievance Procedure of the agency/sub-grantee involved. However, if the AmeriCorps member or applicant has obtained a waiver from the agency/sub-grantee appointing authority, the AmeriCorps member or applicant need not complete the agency/sub-grantee's procedure prior to appealing to the State Commission.

PART IV – CERTIFICATION

I certify that I have followed the Grievance Procedures of applicable agency/sub-grantee's and that this appeal meets the applicable time limitations established in the North Dakota Workforce Development Council – State Commission on National and Community Service Procedure.

Appellant's Name

Date

Upon completion of this form, please submit it to the Executive Director, North Dakota Workforce Development Council – State Commission on National and Community Service, 1600 East Century Avenue, Suite 2, P.O. Box 2057, Bismarck, North Dakota 58502-2057.