



**Department Of Human Services
Quality Assurance Program**

EMPLOYEE CONDUCT GRIEVANCE FORM

I, _____ wish to file a grievance against an
(Please print your name)
employee of the El Paso County Dept. of Human Services.

My CBMS # is _____ (if applicable).

The employee(s) name(s) is/are: _____

Specifically describe the **conduct** of the employee(s) that you wish to report. What did he/she/they do? **Example:
If you feel the worker acted in a negligent manner, specifically describe what the worker did or did not do.**

(Please attach paper to continue)

I allege that this conduct is (please choose one or more):

- against the law.
- contrary to regulations.
- dangerous, malicious, or negligent.

My SSN# _____

My DOB _____

Explain: _____

What remedies are you seeking? What do you want to happen?

(Please attach paper to continue)

How have you already tried to resolve your grievance through department staff, supervisors, or managers?

Please describe the reasons you are not satisfied with the Departments' response to your grievance.

Signed: _____ **Date:** _____
(Signature)

NOTE: Your grievance cannot proceed unless this form is filled out completely and signed.

I hereby give permission for the Citizen Review Panel to review my case file records and hear my case. (Child Welfare clients only)

Signed: _____ **Date:** _____
(Signature)