



EMPLOYEE COMPLAINT/GRIEVANCE
ND COMMISSION ON LEGAL COUNSEL FOR INDIGENTS
SFN 59353 (2/2014)

NDCLCI
Po Box 149
Valley City, ND 58072
Phone: (701)845-8632
Fax: (701)845-8633
Email: clcivc@nd.gov

Employee name:	Employee position/title:
Office:	Phone number:
Office address:	

Employee Status (check all that apply):

Classified Non-Classified Applicant

Probationary Permanent Temporary

Immediate supervisor:	Supervisor title:
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Second level supervisor:	Title:
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State specific complaint/grievance (attach additional pages if needed):

State specific remedy sought:

Employee Signature

Date



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Steps to internal resolution

Date received by Commission:

Investigation (attach additional pages if needed):

If decision will not be made within twenty days of the date complaint/grievance was received, employee/applicant must be notified that the decision will be delayed.

Employee/applicant notified that decision will be delayed until _____, 20____.

Notification was made by Telephone Letter (attach copy).

 Signature of director or authorized agent

 Date

Director's decision:

 Signature of Director or authorized agent

 Date

I hereby certify that a copy of the director's decision was faxed mailed emailed to the Employee/applicant at _____, on _____, 20____.

 Signature of director or authorized agent

 Date