

Louisiana Department of Health Grievance Form

This form must be used to document a grievance which remains unresolved after an informal verbal discussion between the grievant and supervisor. **Please refer to the LDH Grievance Policy, #35, to ensure your concern(s) are grievable and time frames are followed. You may obtain a copy of the policy from the LDH Website (ldh.la.gov) or by calling your HR Office.**

|  |  |             |  |
|--|--|-------------|--|
| Grievant's Name  |  | Personnel # |  |
| Office/Location  |  |             |  |
| Job Classification   |  |             |  |
| Mailing Address  |  |             |  |
| Work Phone   |  | Home Phone  |  |
| Date Grievance Filed<br>Filing time-frame is within 14 days of the cause |  |             |  |

|                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| Additional Sheets Attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------------------|------------------------------|-----------------------------|

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**Grievance Statement – Step 1** (Immediate Supervisor)  
(For further comments, attach additional sheets)

|                       |  |      |  |
|-----------------------|--|------|--|
|                       |  |      |  |
| <b>Relief Sought:</b> |  |      |  |
|                       |  |      |  |
| Grievant's Signature  |  | Date |  |

**Decision of Step 1 Respondent**  
(Response time-frame 7 working days)  
(For further comments, attach additional sheets)

|                      |  |      |  |
|----------------------|--|------|--|
|                      |  |      |  |
| Respondent Signature |  | Date |  |

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**Step 2**

|   |                          |
|---|--------------------------|
| I am not satisfied with Step 1 response or I did not receive a response within the time-frame. I wish to elevate it to Step 2 ( <b>Grievant has 7 working days for proceeding to next step</b> ). | <input type="checkbox"/> |
| I am satisfied with Step 1 response. Please return a copy to the last respondent.   | <input type="checkbox"/> |

|  |      |
|--|------|
| <b>Reason(s) why Step 1 decision is unacceptable</b> |      |
|  |      |
| Grievant's Signature                                 | Date |

**Step 2 – Respondent's Statement**  
(Delegated Appointing Authority such as Facility Administrator, Regional Manager, Section Head, etc.)  
(Response time-frame 14 working days from date of receipt)  
(For further comments, attach additional sheets)

|                        |      |
|------------------------|------|
|                        |      |
| Respondent's Signature | Date |

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**Step 3**

|   |                          |
|---|--------------------------|
| I am not satisfied with Step 2 response or I did not receive a response within the time-frame. I wish to elevate it to Step 3 ( <b>Grievant has 7 working days for proceeding to next step</b> ). | <input type="checkbox"/> |
| I am satisfied with Step 2 response. Please return a copy to the last respondent.   | <input type="checkbox"/> |

| Reason(s) why Step 2 decision is unacceptable |      |
|---|------|
|   |      |
| Grievant's Signature                          | Date |

**Step 3 – Respondent's Statement**  
(Assistant Secretary or equivalent position depending upon the employee's chain of command)  
(Response time-frame 21 working days from date of receipt)  
(For further comments, attach additional sheets)

|                        |      |
|------------------------|------|
|                        |      |
| Respondent's Signature | Date |

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**Step 4**

|   |                          |
|---|--------------------------|
| I am not satisfied with Step 3 response or I did not receive a response within the time-frame. I wish to elevate it to Step 4 ( <b>Grievant has 7 working days for proceeding to next step</b> ). | <input type="checkbox"/> |
| I am satisfied with Step 3 response. Please return a copy to the last respondent.   | <input type="checkbox"/> |

| <b>Reason(s) why Step 3 decision is unacceptable</b> |      |
|--|------|
|  |      |
| Grievant's Signature                                 | Date |

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**Step 4 (Final Step) – Respondent’s Statement**  
**(OS employees – LDH Secretary or Designee)**  
**(OMF and MVA employees – LDH Undersecretary)**  
**(All other LDH employees – LDH Deputy Secretary)**  
(Response time-frame 21 working days from date of receipt)  
For further comments, attach additional sheets)

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|                        |  |      |  |
|------------------------|--|------|--|
| Respondent's Signature |  | Date |  |
|------------------------|--|------|--|