Department of Administrative Services

STATE EMPLOYEE GRIEVANCE FILING INSTRUCTIONS

State employees must use the attached grievance form to file a grievance regarding: (1) merit-covered employee discipline, and/or (2) an alleged violation of a provision of Iowa Code Chapter 8A, Subchapter IV, or the Department of Administrative Services' Administrative (DAS) rules implementing Subchapter IV.

If the nature of the grievance involves disciplinary suspension, reduction in pay within grade, demotion or discharge of a merit-covered employee, the grievance **may be submitted directly to Step 3** as noted below. All other grievances must begin at Step 1 of the grievance procedure. The maximum time periods indicated below at any of the three steps of the grievance procedure may be extended when mutually agreed to in writing by both parties.

The procedure and timelines for grievances are set forth below:

Step 1:

- Employees may initiate a grievance by completing the attached form and submitting it to their immediate supervisor within **14 calendar days** following the date the employee first became aware, or with exercise of reasonable diligence should have become aware, of the grievance issue.
- The immediate supervisor (or designee) shall within **14 calendar days** after the date the grievance is received provide a response to the employee with a copy to DAS (laborrelations@das.iowa.gov) regarding the disposition of the grievance.

Step 2:

- The employee may within **7 calendar days** from the date the Step 1 response is received, or should have been received, file the grievance with the appointing authority's designee.
- The appointing authority designee shall within **14 calendar days** after grievance is received provide a response to the employee, with a copy to DAS (laborrelations@das.iowa.gov), by affirming, modifying, or reversing the Step 1 response, or otherwise grant appropriate relief.

Step 3:

- The employee may within **7 calendar days** after the Step 2 response is received, or should have been received, file the grievance with DAS (*This form may be emailed to laborrelations@das.iowa.gov, faxed to 515-281-0753, hand delivered to DAS-Labor Relations, or mailed to: Iowa Department of Administrative Services – Labor Relations, 1305 East Walnut, 3rd Floor, Des Moines, Iowa 50319*).
- Within **30 calendar days** after the day the grievance is received, the DAS Director or DAS Director's designee shall provide a response by affirming, modifying, or reversing the Step 2 response, or otherwise grant appropriate relief.
- An employee may, within 30 calendar days from the date the Step 3 response was or should have been issued, submit an appeal to the Iowa Public Employment Relations Board.

Department of Administrative Services

STATE EMPLOYEE GRIEVANCE FORM

Name of Employee (Grievant): _____

Department: _____ Classification: _____

Work Unit: _____ Immediate Supervisor: _____

Work Address: _____

(City, State & Zip Code)

Work Phone Number: _____

Home Address: _____

(City, State & Zip Code)

Home/Cell Phone Number: _____

Email Address: _____

Employee Position Merit Coverage (check the appropriate box)

☐ The employee's position is covered by the merit system

☐ The employee's position is not covered by the merit system

If this issue involves the provision of Iowa Code Chapter 8A, Subchapter IV, or DAS Administrative Rules implementing Subchapter IV, please specifically identify the provision(s) at issue: _____

_____

Check this box if the issue involves disciplinary suspension, demotion, discharge, or reduction of pay within grade of a merit system covered employee with permanent status. ☐

Grievances involving disciplinary suspension, demotion, discharge, or reduction of pay within grade of merit-covered employees may be submitted directly to DAS-Labor Relations. All other grievances must begin at step 1 of the grievance procedure. For grievance submission details, please see page 2 of this form.

State the issue involved and the date the incident took place: _____

_____

_____

_____

_____

* Please attach additional pages if needed.

Remedy Requested:

_____

_____

_____

Date: _____ Employee's Signature:_____

CFN 552-0248, 05/01/2026

Department of Administrative Services

STATE EMPLOYEE GRIEVANCE FORM

STEP 1 RESPONSE

Supervisor (or Designee) Signature: _____

Date Received: _____ Date Answered: _____

Date the Response was Provided to Grievant: _____

Disposition of Grievance: _____

_____

_____

_____

_____

*A copy of the Step 1 response **must be** sent to the DAS Labor Relations Coordinator @ laborrelations@das.iowa.gov.

STEP 2 RESPONSE

Appointing Authority Designee Signature: _____

Date Received: _____ Date Answered: _____

Date the Response was Provided to Grievant: _____

Disposition of Grievance: _____

_____

_____

_____

_____

*A copy of the Step 2 response **must be** sent to the DAS Labor Relations Coordinator at laborrelations@das.iowa.gov.

STEP 3 RESPONSE

DAS-Labor Relations Representative's Signature: _____

Date Received: _____ Date Answered: _____

Date the Response was Provided to Grievant: _____

Disposition of Grievance: (see attached Step 3 State Employee Grievance Response)

This form may be emailed to laborrelations@das.iowa.gov, faxed to 515-281-0753 (DAS Labor Relations Coordinator), hand delivered to DAS-Labor Relations, or mailed to: Iowa Department of Administrative Services – Labor Relations, 1305 East Walnut, 3rd Floor, Des Moines, Iowa 50319.