

**COLORADO STATE PERSONNEL SYSTEM
CONSOLIDATED APPEAL/DISPUTE FORM**

**1. IDENTIFICATION OF EMPLOYEE/
JOB APPLICANT (COMPLAINANT):**

Representative on Appeal (if applicable):

Name: _____
Address: _____

Phone: (w) _____
(h) _____
* Email: _____

Name: _____
Address: _____

Phone: _____
Fax: _____
* Email: _____

You must notify the Board or Director in writing if the above information changes before the appeal or dispute process is concluded. Please note that the Board does not accept email filings.

I am/was a certified state employee. Yes No

2. THE PARTY WHOSE ACTION IS BEING APPEALED OR DISPUTED (RESPONDENT):

Name: _____
Department: _____
Address: _____

3. SPECIFIC ACTIONS BEING APPEALED OR DISPUTED and REASONS FOR APPEAL/DISPUTE:

4. RELIEF REQUESTED:

5. DATE OF RECEIPT OF NOTICE OF ACTION BEING APPEALED: (You must attach a copy of the written notice or letter informing you of the action taken by Respondent, the party listed in Section 2, above.)

6. TYPE OF APPEAL OR DISPUTE: Check only the box(es) that apply.

7. SIGNATURE: