



State of Arkansas Grievance - SEGAP Hearing Participant Information

Department and Division:

Grievance Type: Termination Suspension

Grievant's Name:

Phone Number:

Address:

Email Address:

Grievant's Representative:

Phone Number:

Address:

Email Address:

Licensed Attorney: Yes No

Supervisor's Name:

Phone number:

Email address:

Department's Attorney:

Phone number:

Email Address:

Grievance Officer:

Phone number:

Email Address:

OPM Use Only

SEGAP Case #:

SEGAP Chair:

Hearing Date:

SEGAP Member:

Hearing Time:

SEGAP Member:

Reschedule Date:

SEGAP Result:

Reschedule Time:

TSS Secretary Result: