HIDALGO COUNTY CIVIL SERVICE COMMISSION

_____ **, GRIEVANT**

CASE NUMBER _____

_____ , AFFECTED COUNTY DEPARTMENT OR INDIVIDUAL

An original and four copies of this completed form must be returned to the Commission Secretary at least five calendar days prior to the hearing. You must provide the other party a copy of this completed form at least five calendar days prior to the hearing.

EXHIBIT LIST

Exhibit No.	Description	Marked	Offered	Object	Admit	Date	Disposition After Hearing