



# GRIEVANCE FORM

**SUBMITTED BY:**

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Job Title Department/Division

\_\_\_\_\_  
Union Steward Date

**FORWARDED TO IMMEDIATE SUPERVISOR ON** \_\_\_\_\_  
Date

**Acknowledgement of receipt of the grievance:**

\_\_\_\_\_  
Immediate Supervisor Signature Department/Division/Date

**STEP ONE:**

**Grievance Statement:** (To be Completed by Grievant or Union Steward)

State your grievance in the space below. Indicate the Article of the Memorandum and/or the Section of the Administrative Personnel Policy and Procedure Manual which you feel were violated. Use additional pages if needed.

Article: \_\_\_\_\_ Section: \_\_\_\_\_

I (we) believe the stated article/policy was misapplied on: \_\_\_\_\_  
Date

because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe a just and fair solution to the grievance is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following solution was offered (to be completed by immediate supervisor): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No solution was offered.

\_\_\_\_\_  
Immediate Supervisor Signature Date

I accept the proposed solution.  I do not accept the proposed solution.  
 No solution was offered.

\_\_\_\_\_  
Grievant Date

\_\_\_\_\_  
Union Steward Date

**If a solution was not reached, the grievant may forward the grievance to the next step.**

**STEP TWO:**

**Department Director**

Date grievance was received: \_\_\_\_\_:

The following solution was offered (to be completed by the Department Director):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No solution was offered.

\_\_\_\_\_  
Department Director Signature

\_\_\_\_\_  
Date

I accept the proposed solution.

I do not accept the proposed solution.

No solution was offered.

\_\_\_\_\_  
Grievant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Union Steward

\_\_\_\_\_  
Date

**If a solution was not reached, the grievant may forward the grievance to the next step.**

**STEP THREE:**

**Director of Human Resources**

Date grievance was received: \_\_\_\_\_

A hearing was scheduled:  Yes  No If yes, date: \_\_\_\_\_

Attached is the Written Determination  
of the City Manager.

Yes  
 No – If no explain below

Dated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of City Manager Representative: \_\_\_\_\_