GRIEVANCE FORM

City of Little Rock Grievance Form based on the grievance procedure outlined in the **Statement of Agreement, United Labor Unions, Local 100, and City of Little Rock Article VI**. This form is structured to guide employees and union representatives through each step of the process clearly and efficiently.

SUBMITTED BY:

- **Name:** _____ **Job Title:** _____

  Full Time [ ] Part Time [ ]

  Phone: _____ **Email:** _____
- **Department/Division:** _____

- **Union Representation (if applicable):**
  - [ ] I choose to be represented by Union representative, _____
    (Name of Union Representative)
  - [ ] I choose not to be represented by the Union

FORWARDED TO DIVISION MANAGER ON _____
(DATE)

Acknowledgement of receipt of grievance:

_____ _____
Division Manager **Date**

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

State your grievance in the space below. If policy related, indicate the Article & Section number from either the Statement of Agreement and/or from the Administrative Personnel Policy and Procedure Manual that you feel was violated and provide details. If discipline related, provide the date discipline was issued, and details such as reason issued and who issued it. Use additional pages if needed.

Policy related - Article: _____ Section:_____

I/We believe the stated article/policy/discipline was misapplied on: _____
(Date)

because: _____

_____

_____

Requested resolution:

_____

_____

DIVISION MANAGER RESPONSE: ***(5 business days, or) (request extension)*** **Form receipt date: _____**

☐ No change to original decision

☐ The following resolution was offered:

_____

_____

_____

_____ _____
Division Manager' Signature Date

☐ I accept the proposed solution.

☐ I do not accept the proposed resolution and wish to move to step 2.
It is the responsibility of the employee or union representative to advance this form to the department director if you wish to move to Step 2.

_____ _____
Employee/Union Representative Signature Date

STEP TWO – Department Director Response ***(10 business days)*** **Form receipt date:** _____

Conference Date: _____

Attendees: ☐ Employee ☐ Union Representative ☐ Supervisor ☐ Division Manager

☐ No change to original decision

☐ The following resolution was offered:

_____

_____

_____ _____

Department Director's Signature (or designee) Date

☐ I accept the proposed solution. ☐ I do not accept the proposed resolution and wish to move to step 3.

It is the responsibility of the employee or union representative to advance this form to Labor & Employee Relations if you wish to move to Step 3.

_____ _____

Employee/Union Representative Signature Date

STEP THREE – Labor & Employee Relations Hearing ***(5 business days)*** **Form receipt date:** _____

Hearing Date: _____ **Hearing Officer:** _____

Attendees: ☐ Employee ☐ Union Representative ☐ Division Manager ☐ Department Director

☐ No change to original decision

☐ The following resolution was offered:

_____

_____

_____ _____

LER Hearing Officer's Signature (or designee) Date

☐ I accept the proposed solution. ☐ I do not accept the proposed resolution and wish to move to step 4.

If selected, the LER Hearing officer will forward form to CPO to move to step 4. Confirmation of delivery will be communicated to employee and union.

_____ _____

Employee/Union Representative Signature Date

STEP FOUR – Chief People Officer ***(10 business days)*** **Form receipt date:** _____

☐ No change to original decision

☐ The following resolution was offered:

_____

_____

_____

_____ _____

Chief People Officer Signature Date

☐ I accept the proposed solution.

☐ I do not accept the proposed resolution and wish to move to step 5.
If selected, return form to LER hearing officer to be forwarded to CPO. Confirmation of delivery will be communicated to employee and union. The union may *opt to initiate step 5 of the grievance process.*

_____ _____

Employee/Union Representative Signature Date

STEP FIVE– Mediation **Date requested by Union:** _____

Date of Mediation: _____ **Selected Mediator:** _____

Mediator's Decision (attach if necessary):

_____

_____

_____

Date of Decision: _____

Mayor's Response: ***(10 business days)*** _____

_____

_____

_____

_____ _____

Mayor's Signature Date

_____ _____

Employee/Union Representative Signature Date