



## GRIEVANCE PROCEDURE FORM

See Employee Handbook Policy 3.23 for more detailed instructions  
(Attach additional sheets as needed)

THIS FORM MAY ONLY BE USED IF THE GRIEVANT HAS COMPLETED THE INFORMAL GRIEVANCE PROCEDURE

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NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DATE OF ALLEGED GRIEVANCE: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_

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**STEP 1** THIS FORM MUST BE SUBMITTED TO THE HUMAN RESOURCE DIVISION MANAGER WITHIN THREE (3) WORKING DAYS FROM THE DATE THE GRIEVANT'S SUPERVISOR PRESENTS THE PROPOSED WRITTEN RESOLUTION OF THE GRIEVANCE TO THE GRIEVANT.

DATE GRIEVANT INITIATED THE INFORMAL GRIEVANCE PROCEDURE: \_\_\_\_\_.

DATE OF SUPERVISOR'S WRITTEN RESPONSE: \_\_\_\_\_.

(A copy of this form will be forwarded to the Department Director).

**A. GRIEVANT'S STATEMENT OF THE GRIEVANCE:**

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**B. ORDINANCE, POLICY, RESOLUTION, WRITTEN RULE, PROCEDURE OR REGULATION ALLEGEDLY VIOLATED:** \_\_\_\_\_.

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**STEP 2** WITHIN FIVE (5) WORKING DAYS AFTER RECEIVING THIS FORM, THE DEPARTMENT DIRECTOR SHALL THOROUGHLY INVESTIGATE THE GRIEVANCE AND NOTIFY THE GRIEVANT AND THE HUMAN RESOURCE OFFICE IN WRITING OF HIS/HER DECISION.

**DEPARTMENT DIRECTOR'S WRITTEN DECISION\*** (to be returned to employee five (5) working day from date written grievance was received by the Department Director).

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Department Director's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: For grievances involving a Department Director, skip to STEP 3**

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**STEP 3** IF THE EMPLOYEE DISAGREES WITH THE DEPARTMENT DIRECTOR'S DECISION, THE EMPLOYEE SHALL, WITHIN THREE (3) WORKING DAYS OF RECEIVING THE DEPARTMENT DIRECTOR'S WRITTEN DECISION, FILE A WRITTEN REQUEST, THIS FORM, AND ANY OTHER DOCUMENTATION OR WRITTEN COMMUNICATION WITH THE HUMAN RESOURCE DIVISION MANAGER REQUESTING A HEARING BEFORE THE EMPLOYEE ADVISORY COMMITTEE (EAC).

**DATE RECEIVED BY HUMAN RESOURCE DIVISION MANAGER:** \_\_\_\_\_

Signature of the Human Resource Division Manager: \_\_\_\_\_

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**STEP 4** THE HUMAN RESOURCE MANAGER WILL CONVENE THE EAC WITHIN TEN (10) WORKING DAYS OF RECEIVING THE GRIEVANT'S REQUEST FOR HEARING. THE EAC WILL SEND NOTICE OF HEARING DATE TO ALL PARTIES INVOLVED.

**HEARING DATE:** \_\_\_\_\_

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**STEPS 5 and 6** WITHIN FIVE (5) WORKING DAYS OF THE COMPLETION OF THE HEARING, THE EAC SHALL FORWARD ITS WRITTEN REPORT CONTAINING FINDINGS AND RECOMMENDATIONS TO THE CITY MANAGER.

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**STEP 7** WITHIN FIVE (5) WORKING DAYS OF RECEIVING THE EAC REPORT, THE CITY MANAGER SHALL CONSIDER THE REPORT AND REACH A FINAL DECISION ON THE MATTER. THE CITY MANAGER'S WRITTEN DECISION SHALL BE SENT TO ALL AFFECTED PARTIES AND SHALL BE FINAL AND BINDING.

**CITY MANAGER'S FINAL DECISION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

City Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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NOTE: Form to be included in Grievant's Grievance File