

GRIEVANCE FORM

WRITTEN REPORT

TO: NAME OF DEPARTMENT HEAD: _____

FROM: NAME OF EMPLOYEE: _____ JOB TITLE: _____

DEPARTMENT: _____

DATE OF INCIDENT: _____ DATE PRESENTED TO SUPERVISOR: _____

RE: STATEMENT OF GRIEVANCE BY EMPLOYEE: _____

WHAT SECTIONS OF CITY OR DEPARTMENTAL POLICY AND PROCEDURES APPLY?

WHAT CITY OR DEPARTMENTAL PRACTICES OR CUSTOMS APPLY TO THIS INCIDENT?

WHAT OTHER INCIDENT, STATEMENTS OR ACTIONS (IF ANY) RELATE TO THE COMPLAINT AND BY WHOM (GIVE NAME AND TITLE)?

11/16/2005

WHAT RELIEF IS EXPECTED?

EMPLOYEE SIGNATURE: _____ DATE: _____

RESULT OF CASE: