



## STATEMENT OF GRIEVANCE

Employee Name: \_\_\_\_\_ Date \_\_\_\_\_

### Current/prior grievance steps. Please provide historical information.

- Grievance filed with supervisor on \_\_\_\_\_ Decision received \_\_\_\_\_  
Grievance was not filed with supervisor due to \_\_\_\_\_
- Grievance filed with department head on \_\_\_\_\_ Decision received \_\_\_\_\_  
Grievance was not filed with supervisor due to \_\_\_\_\_
- Grievance filed with Mayor on \_\_\_\_\_ Decision received \_\_\_\_\_  
Grievance was not filed with supervisor due to \_\_\_\_\_
- Grievance filed with Appeal Board on \_\_\_\_\_ Decision received \_\_\_\_\_

### Reason for your grievance. Please check that which you believe occurred.

- Violation of law, committed by any City employee, that adversely affected you.
- Violation of the policies set forth in the Personnel Policies and Procedures Manual, committed by any City employee, those adversely affected you.
- Adverse employment action that affected you.
  - Involuntary separation/dismissal
  - Written reprimand
  - Suspension without pay
  - Suspension without pay for more than two days
  - Involuntary transfer to a position of less remuneration. "Less remuneration" is defined as a reduction in your current hourly equivalent rate of pay and does not include any premium pay, differential pay, or overtime pay. Movement to a lower salary grade or red-circle pay status does not constitute less remuneration for purposes of the Grievance policy.
  - Involuntary demotion to a position of less remuneration
- Occurrence being grieved was caused or committed directly by the Mayor.
- Mayor failed to render a decision in accordance with the Grievance Procedure.
- Other. Please explain: \_\_\_\_\_

**Grievance Form Continued. Name:** \_\_\_\_\_

**Details.** State your grievance including reason for grievance, all the facts, applicable violation, dates, times and place of occurrence. Attach any supplemental documentation you desire to be considered. Use additional paper if necessary.

**Resolution Desired.** State the specific remedy or solution you desire.

Employee's Signature:

Date:

Grievance Received By:

Date: