

DEPARTMENTAL GRIEVANCE FORM

For use only to process a grievance under the Grievance Procedure established by the Board of Supervisors for employees in the Law Enforcement and Corrections/Probation Supervisory and Non-supervisory bargaining units, represented by the Sonoma County Law Enforcement Association.

NAME:	JOB CLASSIFICATION:
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DEPARTMENT/DIVISION:

ASSOCIATION:

STEP I

AN INFORMAL DISCUSSION WITH YOUR IMMEDIATE SUPERVISOR.

Before completing the remainder of this form, an informal discussion with your immediate supervisor must take place **within ten (10) days** from the action causing the grievance.

SUPERVISOR'S NAME:	TITLE:
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DATE DISCUSSION HELD:	DATE OF SUPERVISOR'S RESPONSE:
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STEP II

IF THE GRIEVANCE WAS NOT RESOLVED AT STEP I, STATE IT IN WRITING AT THIS STEP AND SUBMIT THIS FORM TO YOUR SUPERVISOR, **WITHIN FIVE (5) DAYS OF STEP I RESPONSE.**

DESCRIBE GRIEVANCE (If more space is needed, use additional paper):

DATE(S) OF INCIDENT(S) :

WRITTEN DEPARTMENTAL POLICY VIOLATED:

REQUESTED SOLUTION:

EMPLOYEE'S SIGNATURE:	DATE:
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SUPERVISOR'S DECISION:

SIGNATURE:

DATE:

STEP III

IF THE GRIEVANCE WAS NOT RESOLVED AT STEP II, THE ASSOCIATION MAY APPEAL THE DECISION TO THE NEXT HIGHER LEVEL OF SUPERVISION (IDENTIFIED BY THE DEPARTMENT HEAD) AND TO THE DEPARTMENT HEAD, WITH A COPY TO THE EMPLOYEE RELATIONS MANAGER WITHIN **SEVEN (7)** DAYS AFTER RECEIPT OF THE WRITTEN RESPONSE AT STEP II. 30.9.

DATE OF APPEAL:

EMPLOYEE'S SIGNATURE:

DEPARTMENT HEAD'S RESPONSE:

SIGNATURE:

DATE:

STEP IV

IF THE GRIEVANCE WAS NOT SETTLED AT STEP III, THE ASSOCIATION MAY APPEAL THE DEPARTMENT HEAD'S DECISION IN WRITING WITHIN **FIFTEEN (15)** DAYS TO THE GRIEVANCE APPEALS COMMITTEE IN CARE OF THE **HUMAN RESOURCES DIRECTOR**
(If more space is needed, use additional paper).