

STEP I

CITY OF SACRAMENTO EMPLOYEE GRIEVANCE FORM

INSTRUCTIONS
PLEASE READ REVERSE
SIDE BEFORE FILLING OUT
THIS FORM

EMPLOYEE NAME	DEPARTMENT / DIVISION
JOB CLASSIFICATION	IMMEDIATE SUPERVISOR
SPECIFIC AGREEMENT ARTICLE AND SECTION VIOLATED	UNION REPRESENTATIVE

FACTS CONSTITUTING GRIEVANCE: CHECK BOX IF USED
ADDITIONAL SHEETS

ACTION REQUESTED OF THE CITY:

EMPLOYEE SIGNATURE

DATE

DATE RECEIVED BY CITY	RECEIVED BY	TITLE
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STEP I REVIEW

GRIEVANCE NUMBER	PERSONS ATTENDING MEETING
DATE OF MEETING	
	1. 2.
	3. 4.

DECISION: CHECK BOX IF USED
ADDITIONAL SHEETS

SIGNATURE	TITLE	DATE
DATE RECEIVED	RECEIVED BY	IF DECISION APPLICABLE, SIGN HERE