

INSTRUCTIONS FOR USE OF STEP I GRIEVANCE FORM

GENERAL – EMPLOYEE, UNION, AND CITY

1. This form is to be used only for formal grievances as provided in the grievance definition of the labor agreement.
2. Please read the grievance procedure in your labor agreement. You must understand how the grievance procedure works, including time limits and with whom the grievance should be filed at each step.
3. Every effort should be made to resolve the grievance informally with the supervisor before filing a formal grievance.
4. A formal grievance may be started **only** by completing this form and filing it with the person designated as the Step I appeal.

STEP I – EMPLOYEE/UNION

1. Please type all requested information.
2. Complete all of the following information in the boxes provided: employee name; department and division; job classification; immediate supervisor; specific article and section of the labor agreement which is claimed to have been violated; and the union representative for this grievance. If more than one (1) employee is filing the grievance, attach additional sheets listing their names, job classification, department and divisions, and check box indicating additional sheets were used.
3. **Facts Constituting Grievance:** Clearly state the grievance giving all related facts. If needed, attach additional pages, check box, and identify as "Grievance Statement Attachment" stating the employee's name, date, and page number.
4. **Action Requested of City:** Clearly state the solution or remedy you propose to resolve the grievance.
5. Sign and date the form on the lines provided.
6. Make a copy of the entire grievance for your record.
7. Present the original copy of the grievance to the person designated as the Step I appeal in your labor agreement. This person will fill in the boxes, below your signature marked "Date Received by City," "Received By," and "Title."
8. The City will investigate the grievance and make its decision. At the time the grievance forms are returned to you, fill in the boxes, at the bottom of the page marked "Date Received" and "Received By."
9. **DECISION ACCEPTABLE:** If the Step I grievance decision is acceptable, sign your name in the designated box; make a copy for your records; and return all originals of the entire grievance back to the person designated as the Step I appeal.
10. **DECISION NOT ACCEPTABLE:** If the Step I grievance decision is not acceptable, you can appeal to Step I by completing the Step II form available from your union, and presenting it to Step II within the time limits stated in your labor agreement.

STEP I – CITY

1. Upon receiving this form, fill in the boxes, below the employee's signature, marked "Date Received by City," "Received By," and "Title."
2. Telephone Labor Relations (Ext. 5424) to receive an official grievance number, which shall be typed in the appropriate box.
3. Meet with the employee and union representative (if any) if it is necessary to gain additional information or to discuss the grievance. If a meeting is held, type the date and persons attending in the designated boxes.
4. Answer the grievance within the time limits stated in the labor agreement under which the grievance was filed. **IF YOU HAVE ANY QUESTIONS, CALL LABOR RELATIONS (Ext. 5424).** Please type your decision in the space provided. Attach and identify any additional pages as "Grievance Answer - Step I," stating your name, date, and page number; and check box indicating additional sheets were used.
5. Sign your name and fill in your title and date in the boxes provided.
6. Make four (4) copies of the entire grievance and distribute as follows:
 - a. Union Representative - **all originals** - have the union representative fill in the boxes below your signature, marked "Date Received" and "Received By."
 - b. Employee (Give originals and have sign boxes **only** if no union representative)
 - c. Yourself
 - d. Department Head
 - e. Labor Relations (Org. 1610)
7. **DECISION ACCEPTABLE:** If your decision is accepted, the employee/union will return the entire grievance back to you with a signature indicating acceptance. At this time, make three (3) copies of the signed grievance form and distribute as follows:
 - a. Labor Relations (Org. 1610) – **all originals of entire grievance**
 - b. Union
 - c. Yourself
 - d. Department Head