

DSASD GRIEVANCE FORM
FOR SAN DIEGO COUNTY EMPLOYEES

The purpose of the grievance procedure is to provide a just and equitable method for the resolution of grievances as quickly as possible without discrimination, coercion, restraint, or reprisal against any employee or management representative who may be involved in a grievance procedure or its resolution. Before filling out this form, consult the grievance procedure provisions applicable to your bargaining unit regarding time limits and other requirements.

I verbally notified my supervisor of my complaint and the remedy sought on _____
(date)

Employee Signature: _____

Employee Name (Print): _____

Work Phone: _____

Department: _____

Division: _____

Classification: _____

Date Delivered to Supervisor: _____

Representative (if any): _____

Bargaining Unit: _____

DESCRIPTION OF GRIEVANCE

A. What happened:

B. When did it occur, or when did you find out: _____

C. Was a specific section of the Memorandum of Agreement violated; if so, what section?

D. Remedy sought:

SUPERVISOR RESPONSE

Date received by Supervisor: _____

Supervisor's written response:

Supervisor's signature: _____

Date delivered to employee: _____

Date received by employee: _____

I am forwarding this grievance to the next step: _____
(employee signature)

MIDDLE MANAGEMENT RESPONSE

Date delivered to Middle Management: _____

Representative's Signature (if any): _____

Grievance delivered to: _____

Signature: _____

Date received by Middle Management: _____

Middle Manager's written response:

Middle Manager's Signature: _____

Date delivered to Employee: _____

Date received by Employee: _____

I am forwarding this grievance to the next step: _____

(employee signature)

DEPARTMENT HEAD RESPONSE

Date delivered to Department Head: _____

Representative's Signature (if any): _____

Grievance delivered to: _____

Signature: _____

Date received by Department Head: _____

Department Head's written response:

Department Head's Signature: _____

Date delivered to Employee: _____

Date Received by Employee: _____

NOTE TO EMPLOYEE: If you wish to pursue the grievance further, please consult the grievance procedure provisions applicable to your bargaining unit.

I wish to pursue this grievance further using the procedure for my bargaining unit.

Employee's Signature: _____

Date: _____