

COUNTY OF SANTA CRUZ
EMPLOYEE GRIEVANCE FORM
MIDDLE MANAGEMENT REPRESENTATION UNIT

GRIEVANCE NO. _____
(Management Representative
obtains from Personnel Dept)

TO BE COMPLETED BY EMPLOYEE - Use ink or typewriter

Name _____ Class Title _____

Department _____ Division or Unit _____

Grievance occurred: Date _____ Time _____ Location _____

When did you first learn of the issue on which you are filing the grievance _____

Informal attempt to resolve:

Grievance discussed with _____
(Name and title of employee's supervisor)

On (date) _____ at (time) _____.

What else have you done to resolve this grievance _____

Statement of grievance, clearly indicating what the problem is and how your wages, hours
or conditions of employment have been adversely affected: _____

Indicate Article or Section number and title which has been violated:

Memorandum of Understanding _____

Section 160 (Salary, Compensation & Leave Provisions) _____

Suggested corrective action _____

State who (if anyone) will represent you in this matter _____

Submitted to Step 1:	Submitted to Step 3:
Date submitted _____ Signature of Grievant _____	Date submitted _____ Signature of Grievant _____
Date received _____ Signature of Mgt Rep _____	Date received _____ Signature of Mgt Rep _____
Submitted to Step 2:	FOR TIMELINES AND PROCEDURES, SEE MOU ARTICLE 34.
Date submitted _____ Signature of Grievant _____	Any mutual waiver of time limits should in writing & a copy attached to this form.
Date received _____ Signature of Mgt Rep _____	

PER 1303 (renumbered 9/94, 1/18) Rev., for Intranet use 10/22/02

DISTRIBUTION: Original to Management representative designated to hear grievances.

1 Copy - to Employee

1 Copy - to Personnel Department