

COUNTY OF SANTA CRUZ
EMPLOYEE GRIEVANCE FORM
DA INSPECTORS 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 23. Any mutual waiver of time limits should in writing & a copy attached to this form.	
Date submitted	Signature of Grievant		
Date received	Signature of Mgt Rep		

PER 1309 1/18

DISTRIBUTION: Original to Management representative designated to hear grievances.

1 Copy - to Employee

1 Copy - to Personnel Department