

DEPARTMENTAL GRIEVANCE FORM

For use only to process a grievance under the Grievance Procedure established by the Board of Supervisors for employees in the Law Enforcement Supervisory and Non-supervisory bargaining units, represented by the Sonoma County Deputy Sheriffs' Association.

NAME

JOB CLASSIFICATION

DEPARTMENT/DIVISION

ASSOCIATION

STEP I

AN INFORMAL DISCUSSION WITH YOUR IMMEDIATE SUPERVISOR.

Before completing the remainder of this form, an informal discussion with your immediate supervisor must take place within ten (10) days from the action causing the grievance.

SUPERVISOR'S NAME

TITLE

DATE DISCUSSION HELD

DATE OF SUPERVISOR'S RESPONSE

STEP II

IF THE GRIEVANCE WAS NOT RESOLVED AT STEP I, STATE IT IN WRITING AT THIS STEP AND SUBMIT THIS FORM TO YOUR SUPERVISOR, WITHIN **FIVE (5)** DAYS OF STEP I RESPONSE.

DESCRIBE GRIEVANCE (If more space is needed, use additional paper.)

DATE(S) OF INCIDENT(S)

WRITTEN DEPARTMENTAL POLICY VIOLATED

REQUESTED SOLUTION

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S DECISION

SUPERVISOR'S SIGNATURE

DATE

STEP III

IF THE GRIEVANCE WAS NOT RESOLVED AT STEP II, THE ASSOCIATION MAY APPEAL THE DECISION TO THE NEXT HIGHER LEVEL OF SUPERVISION (IDENTIFIED BY THE DEPARTMENT HEAD) AND TO THE DEPARTMENT HEAD, WITH A COPY TO THE EMPLOYEE RELATIONS MANAGER WITHIN **SEVEN (7)** DAYS AFTER RECEIPT OF THE WRITTEN RESPONSE AT STEP II. (Section 31.9)

EMPLOYEE'S SIGNATURE

DATE

DEPARTMENT HEAD'S RESPONSE

DEPARTMENT HEAD'S SIGNATURE

DATE

If the grievance was not settled at Step III, contact your Association representative regarding an appeal option.