

## DEPARTMENTAL GRIEVANCE FORM

For use only to process a grievance under the Departmental Grievance Procedure established by the MOU Between the County of Sonoma and SCPA for employees in the District Attorney and Child Support Attorney Non-Supervisory Bargaining Unit.

NAME	JOB CLASSIFICATION
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### 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
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DATE DISCUSSION HELD	DATE OF SUPERVISOR'S RESPONSE
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### 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, submit it to the next higher level of supervision (identified by the Department Head) within **seven (7)** days of Supervisor's decision. (Section 31.9)

DATE OF APPEAL

EMPLOYEE'S SIGNATURE

DATE