

# STEP I

## CITY OF SACRAMENTO EMPLOYEE GRIEVANCE FORM

**INSTRUCTIONS**  
PLEASE READ REVERSE  
SIDE BEFORE FILLING OUT  
THIS FORM

EMPLOYEE NAME	DEPARTMENT / DIVISION
JOB CLASSIFICATION	IMMEDIATE SUPERVISOR
SPECIFIC AGREEMENT ARTICLE AND SECTION VIOLATED	UNION REPRESENTATIVE

**FACTS CONSTITUTING GRIEVANCE:**  CHECK BOX IF USED  
ADDITIONAL SHEETS

**ACTION REQUESTED OF THE CITY:**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

DATE RECEIVED BY CITY	RECEIVED BY	TITLE
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### STEP I REVIEW

GRIEVANCE NUMBER	PERSONS ATTENDING MEETING
DATE OF MEETING	
	1. 2.
	3. 4.

**DECISION:**  CHECK BOX IF USED  
ADDITIONAL SHEETS

SIGNATURE	TITLE	DATE
DATE RECEIVED	RECEIVED BY	IF DECISION APPLICABLE, SIGN HERE