

APPENDIX B

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

Signature _____

Date: _____

STEP III

IF THE GRIEVANCE WAS NOT RESOLVED AT STEP II, SUBMIT IT TO THE NEXT HIGHER LEVEL OF SUPERVISION (IDENTIFIED BY YOUR DEPARTMENT HEAD) WITHIN **SEVEN (7)** DAYS OF SUPERVISOR'S DECISION.

DATE OF APPEAL

EMPLOYEE'S SIGNATURE

DEPARTMENT HEAD'S RESPONSE

Signature: _____

Date: _____

STEP IV

IF THE GRIEVANCE WAS NOT SETTLED AT STEP III, THE ASSOCIATION MAY APPEAL THE DEPARTMENT HEAD'S DECISION IN WRITING WITHIN **FIFTEEN (15)** DAYS TO THE GRIEVANCE APPEALS COMMITTEE IN CARE OF THE PERSONNEL DIRECTOR. (If more space is needed, use additional paper.)