

**APPENDIX C  
DSA  
MEMORANDUM OF UNDERSTANDING  
GRIEVANCE FORM**

For use only to process a grievance under the Grievance Procedure established in Article 31 of the Sonoma County Deputy Sheriffs Association Memorandum of Understanding for employees in the Law Enforcement Supervisory and Non-supervisory bargaining units.	
NAME	JOB CLASSIFICATION
DEPARTMENT/DIVISION	
ASSOCIATION	
<b>STEP I</b> 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 <b>ten (10) days</b> from the date of the action causing the grievance. <span style="float: right;">31.6</span>	
SUPERVISOR'S NAME	TITLE
DATE DISCUSSION HELD	DATE OF SUPERVISOR'S RESPONSE
<b>STEP II</b> IF THE GRIEVANCE WAS NOT RESOLVED AT STEP I, STATE IT IN WRITING AT THIS STEP AND SUBMIT THIS FORM TO YOUR IMMEDIATE SUPERVISOR WITH A COPY TO THE COUNTY'S EMPLOYEE RELATIONS MANAGER WITHIN <b>FIVE (5) DAYS</b> AFTER RECEIPT OF THE IMMEDIATE SUPERVISOR'S RESPONSE FROM STEP I. <span style="float: right;">31.7</span>	
DESCRIBE GRIEVANCE (If more space is needed, use additional paper.)	
DATE(S) OF INCIDENT(S)	
M.O.U. ARTICLE VIOLATED	
REQUESTED SOLUTION	
EMPLOYEE'S SIGNATURE	DATE

Supervisor's Decision
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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. 31.9

DATE OF APPEAL

EMPLOYEE'S SIGNATURE

DEPARTMENT HEAD'S RESPONSE

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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