



CITY OF PHOENIX, ARIZONA
EMPLOYEE GRIEVANCE & RESPONSE

DISTRIBUTION
(after response)
- Department HR Liaison
- HR Dept, Labor Relations
- Grievant

This form is to be used to initiate a formal grievance. It is also used for management response. Complete and distribute as noted above. Refer to A.R. 2.61 or Unit Memorandum of Understanding for proper grievance procedures and time limits. If you have any questions, see your supervisor.

GRIEVANCE # (assigned by dept HR) **CHECK ONE:** A.R. 2.61 Grievance M.O.U. Grievance **DATE:**

A. EMPLOYEE NAME: **EMPLOYEE I.D. # (not badge #):** **JOB TITLE:**

DEPARTMENT/DIVISION: **WORK LOCATION:**

NAME OF REPRESENTATIVE, IF ANY:

B. STATEMENT OF GRIEVANCE:
Has this complaint been discussed with your immediate supervisor? Yes No **SUPERVISOR'S NAME:**

What is the action or situation about which you have a grievance? (Be very specific; give names, dates and exact information):
PLEASE TYPE IN THE FIELD BELOW. THE FIELD WILL EXPAND WHEN YOU TAB TO THE NEXT FIELD.

What policy, regulation, or M.O.U. provision do you think has been violated?
PLEASE TYPE IN THE FIELD BELOW. THE FIELD WILL EXPAND WHEN YOU TAB TO THE NEXT FIELD.

Action Requested:
PLEASE TYPE IN THE FIELD BELOW. THE FIELD WILL EXPAND WHEN YOU TAB TO THE NEXT FIELD.

C. MANAGEMENT RESPONSE / DECISION:
 Grievance Upheld Grievance Denied Grievance Settled **RESPONSE DATE:**

Basis for Decision:
PLEASE TYPE IN THE FIELD BELOW. THE FIELD WILL EXPAND WHEN YOU TAB TO THE NEXT FIELD.

MANAGEMENT RESPONDENT: _____
TITLE: _____ **DATE:** _____