



EMPLOYEE GRIEVANCE FORM

STOCKTON CITY EMPLOYEES' ASSOCIATION

I. GRIEVANT (EMPLOYEE)			
Name		Classification	
Job Title		Department	
I.D. No.		Work Location	
Cell Phone		Supervisor	
Email		Manager	

IV. STATEMENT OF GRIEVANCE

A grievance is any dispute which involves the interpretation or application of those rules, regulations and resolutions which have been, or may hereafter be, adopted by the City Council to govern personnel practices and working conditions, including such rules, regulations and resolutions as may be adopted by either the City Council or the Civil Service Commission to affect Memoranda of Understanding which result from the meeting and conferring process. (SCEA MOU, art. 10, § 10.1.)

Dates(s) of Violation(s):	Date of Discovery (if different):	<input type="checkbox"/> Check if this is a continuing violation
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The City has violated these provision(s) of the SCEA MOU:

Identify below SCEA MOU article number(s), section number(s), and page number(s) violated.

The City has violated these rule(s), regulation(s), or resolution(s) governing personnel practices or working conditions:

Identify below rules, regulations, or resolutions section number(s) and page number(s) violated.

Summary of Relevant Facts

State with particularity relevant facts showing violation(s) of the referenced policy, rule, or provision specific injuries caused by violation(s), and the remedy requested.

Number of additional pages attached _____

II. STEP 1 GRIEVANCE – NOTIFY DEPARTMENT HEAD WITHIN 15 WORKING DAYS

Date Presented to Department Head:		Date Department Head Responded:	
Any employee claiming to have a grievance may discuss the complaint with such management official in the department where employed as the department head may designate. If the issue is not resolved within the department within fifteen (15) working days from the day of presentation or if the employee elects to submit the grievance directly to SCEA, the procedures hereinafter specified may be invoked.			
<input type="checkbox"/> Grievance fully resolved <input type="checkbox"/> Grievance partially resolved <input type="checkbox"/> Grievance denied			

III. STEP 2 GRIEVANCE – NOTIFY HUMAN RESOURCES DIRECTOR WITHIN 10 WORKING DAYS

Date Presented to HR Director:		Date HR Director Responded:	
If the employee is not satisfied with the response at Step 1, then the employee may appeal the grievance to the Director of Human Resources within ten (10) working days of the receipt of written response at Step 1. The grievance appeal from Step 1 must state with particularity: (a) The specific policy, rule or provision which is alleged to have been violated; (b) A statement of facts comprising the violation; and (c) The requested remedy. The Director of Human Resources will have twenty (20) working days in which to investigate the issues and respond in writing to the appeal.			
<input type="checkbox"/> Grievance fully resolved <input type="checkbox"/> Grievance partially resolved <input type="checkbox"/> Grievance denied			

IV. STEP 3 GRIEVANCE – VOLUNTARY MEDIATION

Date Mediation Requested:		Date Mediation Completed:	
The parties may mutually agree to the use of this Step prior to proceeding to Step 4, Binding Arbitration. Either party may with written notice within ten (10) working days of the decision of Step 2 invoke Step 3. Upon request for Step 3, the City will request a mediator from the State of California Mediation and Conciliation Services to review the grievance and make non-binding recommendations to assist the parties in resolving the grievance.			
<input type="checkbox"/> Grievance fully resolved <input type="checkbox"/> Grievance partially resolved <input type="checkbox"/> Grievance denied			

V. GRIEVANT’S REPRESENTATIVE Grievant is self-represented

<input type="checkbox"/> Grievant designates the following representative			
Representative Name			
Representative Title	<input type="checkbox"/> Association Officer	<input type="checkbox"/> Shop Steward	<input type="checkbox"/> Attorney
	<input type="checkbox"/> City Employee	<input type="checkbox"/> _____	
Representative Organization	<input type="checkbox"/> SCEA	<input type="checkbox"/> Rose Law APC	<input type="checkbox"/> _____
Representative Phone Number	<input type="checkbox"/> (916) 273-1260 (Rose Law APC)	<input type="checkbox"/> _____	
Representative Email Address	<input type="checkbox"/> legalteam@joeroselaw.com	<input type="checkbox"/> _____	

VI. GRIEVANT’S SIGNATURE

By signing below, I submit this grievance under article 24 of the MOU between the City and the Association and I designate the representative, if any, identified above to act on my behalf for this grievance.

_____ Grievant’s Signature	_____ Date Signed
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