

**CITY OF PEORIA, ARIZONA
A.F.S.C.M.E. M.O.U. GRIEVANCE FORM**

Employee Name: _____ Date: _____
Job Title: _____ Department: _____
Unit Grievance: (Circle One) Yes No

STEP 1

Article alleged to be violated in the A.F.S.C.M.E. M.O.U.: _____
Nature of Grievance: _____

Relief Requested: _____

Employee Signature: _____ Date: _____
Date Rec'd by Immediate Supervisor: _____ Time Rec'd: _____
Supervisor Signature: _____ Date: _____
Immediate Supervisor Response: _____

Date: _____ Time: _____
Supervisor Signature _____

Date Rec'd by Employee: _____ Time Rec'd: _____
Employee Signature: _____ Date: _____

STEP 2

To: Department Head
From: _____
Employee Name

The response from the immediate supervisor did not resolve the grievance. I am appealing for the following reason(s): _____

Date Rec'd by Department Head: _____ Time Rec'd: _____
Department Head Signature: _____ Date: _____
Department Head Response: _____

Date: _____ Time: _____
Grievance Committee Signature

Date Rec'd by Employee: _____ Time Rec'd: _____
Employee Signature: _____ Date: _____

STEP 4

To: City Manager
From: _____
Employee Name

Recommendation received by City Manager:
Date: _____ Time: _____

City Manager Decision: _____

Date: _____ Time: _____
City Manager Signature

Date Rec'd by Employee: _____ Time Rec'd: _____
Employee Signature: _____ Date: _____