CITY OF PEORIA, ARIZONA
P.F.F.A. M.O.U. GRIEVANCE FORM

Employee Name: _____ Date: _____

Job Title: _____ Department: _____

STEP 1

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

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Relief Requested: _____

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Employee Signature: _____ Date: _____
Date Rec'd by Battalion Chief: _____ Time Rec'd: _____
Battalion Chief Signature: _____ Date: _____
Battalion Chief Response: _____

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Date: _____ Time: _____ _____
Battalion Chief Signature

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

STEP 2

To: Fire Chief
From: _____
Employee Name

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

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Date Rec'd by Fire Chief: _____ Time Rec'd: _____
Fire Chief Signature: _____ Date: _____
Fire Chief Response: _____

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Date: _____ Time: _____ _____
Fire Chief Signature

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

STEP 3

To: Grievance Committee
From: _____
Employee Name

The response from the Fire Chief did not resolve the grievance. I am appealing to the Grievance Committee for the following reason(s): _____

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Date Rec'd by Grievance Committee: _____ Time Rec'd: _____
Grievance Committee Signature: _____ Date: _____
Grievance Committee Response and Recommended Disposition: _____

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Date: _____ Time: _____ _____
Grievance Committee Signature

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

STEP 4

To: Arbitration
From: _____
Employee Name

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

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Date Rec'd by Arbitrator: _____ Time Rec'd: _____
Arbitrator Signature: _____ Date: _____
Arbitrator Response: _____

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Date: _____ Time: _____ _____
Arbitrator Signature

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

STEP 5

To: City Manager
From: _____
Employee Name

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

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City Manager Decision: _____

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Date: _____ Time: _____ _____
City Manager Signature

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