



## GRIEVANCE ROUTING FORM

Name: _____	Employee Number: _____
Classification Title: _____	
Department: _____	Division: _____
Date of Issue being Grievied: _____	Date Grievance Filed: _____
Summary of Grievance: _____	
_____	
_____	

**Procedure:** The Employee must first discuss the situation with the immediate supervisor and/or the party identified in the grievance. If there is no resolution, the Employee may file a grievance under Personnel Rule 18. Upon completion of each step in the procedures, initial and date the line opposite the instructions. Send a copy of the Routing Form and your response to the Human Resources Director at the completion of each step.

### Initials/Date

\_\_\_\_\_ **1. Employee** – Complete the top portion of the Grievance Routing Form then, on a separate page, describe the grievance in detail and sign your name. Include specific dates, instances, and policies. Attach supporting documentation, if necessary, and state what you believe should be done to solve the issue. Forward the original packet with the Routing Form to the Human Resources Director. (No grievance shall be considered if more than 15 workdays have elapsed from the date of the circumstance which gave rise to the grievance or from the date the employee should reasonably have known the circumstance.)

\_\_\_\_\_ **2. Human Resources** – Review the grievance. Within 10 workdays after receipt, the Human Resources Director will evaluate whether the matter is grievable under this Personnel Rule. If the matter is grievable under this Personnel Rule, the Human Resources Director will advise the employee that the grievance has been accepted and will forward the grievance to the appropriate next step.

## Initials/Date

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**3. Supervisor** – Review the grievance. Respond to the grievance making sure your signature and date are included. Return the original to the Employee with the Routing Form and also send a copy of your response and the Routing Form to the Human Resources Director. Note the date you returned the packet to the employee on the response form. (\*Response must be made within 5 workdays.)

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**4. Employee** – If satisfied with the Supervisor’s response, sign, and date the bottom of the Supervisor’s response. Send the original packet to the Human Resources Director. Keep a copy for yourself and forward copies to your Supervisor and the Department Director. (Response must be made within 5 workdays.\*)

If you are not satisfied with your Supervisor’s response and wish to have further review by the Department Director then, provide the facts and reasons why the supervisor’s response was unacceptable and sign and date the Routing Form. Submit the grievance routing form along with the original grievance and the supervisor’s response to the Department Director and a copy of the packet to your supervisor and the Human Resources Director. (Response must be made within 5 workdays.\*)

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**5. Department Director** – Review all materials and respond to the Employee. Sign and date the response and note the date the packet was returned to the Employee. Return the original packet with the Routing Form to the Employee and also forward a copy to the Human Resources Director. (Response must be made within 5 workdays.\*) (A Department Director may request approval from the Human Resources Director to establish an additional step in their Department to permit Division Managers to review and respond to grievances. If approved, employees will be required to submit any written grievance to the Division Manager before submitting it to the Department Director. If the employee is not satisfied with the Division Manager’s response, the employee may submit the grievance to the Department Director and include the facts and reasons why the employee does not agree with the response given.)

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**6. Employee** – If you are satisfied with the Department Director’s response, sign, and date the bottom of the response and send the original packet to the Human Resources Director. Keep a copy for yourself and forward copies to your Supervisor and the Department Director. (Response must be made within 5 workdays.\*)

If you are not satisfied with the Department Director’s response and wish to have further review by the City Manager, provide the facts and reasons why the Department Director’s response was unacceptable and sign and date your response. Forward the originals with the Routing Form to the City Manager and send a copy to the Human Resources Director, Supervisor, and Department Director. (Response must be made within 5 workdays.\*)

**Initials/Date**

\_\_\_\_\_ **7. City Manager** – Review all materials and respond to the Employee. Sign and date the reasons for the response and note the date the packet was returned to the Employee. Return the original packet to the Employee and forward a copy of your response to the Human Resources Director, Supervisor and Department Director. (Response must be made within 5 workdays.\*) If the matter is referred to a Grievance Review Committee or a neutral third-party, the employee will be notified and the personnel rule will be followed for the remainder of the process.

\*Any and all-time limits mentioned may be extended by written mutual agreement of the parties involved in that step.