**County of Solano**

**Grievance Form**

A Grievance is any dispute which involves the interpretation or application of any provision of the Memorandum of Understanding excluding, however, those provisions of the MOU which specifically provide that the decision of any County Official shall be final, the interpretation or application of those provisions not being subject to the grievance procedure. Grievances must be filed within fifteen (15)[[1]](#footnote-1) calendar days of the incident or occurrence about which the employee claims to have a grievance.

Name of

Grievant:  Classification:  Bargaining Unit:

Department:  Division/Section: Phone:

Work Mailing Address (Street, Suite, City):

Employee’s Representative (if any):

Immediate

Supervisor: Classification:  Phone:

Provision of MOU in Dispute (Section & Page):

Date of Alleged Violation:

Description of Grievance (An in-depth description will make the review of the grievance easier and likely take less time to review. Attach additional pages if necessary):

Remedy Requested (please be specific as to the requested remedy):

**Informal Discussion or Grievance before the Department Head or Designee**

Was an Informal Discussion Held (Step 1)?

If yes, was Informal Discussion held with immediate supervisor or management official:

If yes, name of supervisor/management official with whom the discussion was held, and date held:

 Name:       Date:

If no, reason there was not an informal discussion:

Is this a complaint involving or concerning the payment of compensation?

If no, file the Grievance at Step 2, Department Head or designee.

Within ten (10) calendar days of the following, file the Step 2 grievance: a) if the Step 1 Informal Discussion did not resolve the grievance or b) if the Step 1 Immediate Supervisor or Management Official failed to respond within ten (10) calendar days of the Step 1 meeting. The Department Head or his/her designated representative will meet with the Grievant and his/her representative and shall provide a written response to the grievance within twenty-one (21) calendar days of having received it.

If yes, file the Grievance at Step 3, Director of Human Resources.

**Grievance before the Director of Human Resources**

Within fifteen (15) calendar days of the following, file the Step 3 grievance: a) if the Step 2 Review by Department Head Discussion did not resolve the grievance or b) if the Step 2 Department Head or designee failed to respond within twenty-one (21) calendar days of when the grievance was submitted. The Director of Human Resources shall have twenty-one (21) calendar days in which to investigate the issues, meet with the complainant and attempt to reach a satisfactory resolution of the problem.

Has a Step 2 grievance been filed with the Department Head or designee?

If yes, on what date was the grievance filed?

And, to whom was the grievance filed with (name, title):

Did the Department Head or designee meet with the grievant and/or employee representative?

On what date?

Please attach the Department Head or designee’s written response to the Step 2 grievance.

**Submittal Information:**

This Grievance Form is submitted to (name, title):

Submitted by (name):       Submitted on (date):

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **~ For Completion by the County of Solano ~ HR File #\_\_\_\_\_\_\_\_\_**

**Step 1 - Informal Discussion**

This Grievance Form was **received** by (name, title):

Received on (date):

Informal discussion held with immediate supervisor or management:

Name of supervisor/management official with whom the discussion was held:

Supervisor: (Select all that apply.)

 \_\_\_\_\_ replied to the Grievant in writing (attach a copy)

 \_\_\_\_\_ replied to the Grievant verbally on \_\_\_\_\_\_\_\_\_\_ (Date)

 \_\_\_\_\_ did not reply

 \_\_\_\_\_ other. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: Date:

Supervisor: Submit a copy of this Grievance Form to the Human Resources Department.

**Step 2 – Department Head or Designated**

This Grievance Form was **received** by (name, title):

Received on (date):

Department Head: (Select all that apply.)

 \_\_\_\_\_ replied to the Grievant in writing (attach a copy)

 \_\_\_\_\_ replied to the Grievant verbally on \_\_\_\_\_ (Date)

 \_\_\_\_\_ did not reply

 \_\_\_\_\_ other. Describe:

Department Head: Submit a copy of this Grievance Form to the Human Resources Department.

**Step 3 – Director of Human Resources**

This Grievance Form was **received** by (name, title):

Received on (date):

Human Resources Director: (Select all that apply.)

 \_\_\_\_\_ replied to the Grievant in writing (attach a copy)

 \_\_\_\_\_ replied to the Grievant verbally on \_\_\_\_\_ (Date)

 \_\_\_\_\_ did not reply

 \_\_\_\_\_ other. Describe:

Distribution: Original to Human Resources; Copy to Employee and Employee’s Representative Organization

S:Labor Relations/Grievance/Form 4-10-2013

1. Ten (10) days for employees represented by Unit 6 (Health and Social Services Supervisors) and

 Unit 10 (Skilled Craft and Service Maintenance) [↑](#footnote-ref-1)