

COUNTY OF ORANGE
EMPLOYEE GRIEVANCE/APPEAL FORM

TO BE COMPLETED BY EMPLOYEE (after reading instructions on page 2)

Name: _____ Class Title: _____

Agency/Department & Division: _____ Phone Number: _____

Name of your immediate supervisor: _____ Supervisor Phone Number: _____

This is a formal submission of grievance/appeal to Step 1 2 3 4 (if applicable) arbitration Open to mediation
(SELECT ONE)

Name of your representative: _____ Representative Unit: _____

Date of Occurrence which gave rise to problem: _____

Answer was received from: _____

(NAME AND TITLE)

in response to Informal Discussion, Step 1 2 3 (if applicable) on _____
(DATE)

Statement of Grievance clearly indicating how your wages, hours or conditions of employment have been adversely affected:

Section of Memorandum of Understanding (MOU) or Personnel & Salary Resolution (PSR) which you believe have been violated:

Suggested Solution:

Are you alleging discrimination in the application of the cited MOU or PSR provision? YES: NO:

If YES, indicate below on what basis you are alleging discrimination and attach a statement describing how the provision of the MOU or PSR cited on this form was applied to you in a discriminatory manner.

Age	Color	Disability	Gender	Genetic Information
Harassment	Marital Status	Medical Condition	National Origin/Ethnicity	Pregnancy
Race	Religion	Sexual Orientation	Veteran Status	Retaliation

Signature of Employee: _____ Date: _____

TO BE COMPLETED BY MANAGEMENT:

Date Received: _____ Date of Meeting: _____

Those Present at Meeting:

Decision: (Attach decision if additional space is needed)

Signature: _____ Title: _____ Date: _____

Further appeal would be made to: _____ at step: _____
(NAME AND TITLE)

INSTRUCTIONS FOR COMPLETING EMPLOYEE GRIEVANCE/APEAL FORM

Refer to the applicable MOU for the grievance procedures for your bargaining unit. Below are general instructions for processing, but these do not supersede the applicable MOU provisions.

Instructions to Employee:

You must typically start your grievance at Step 1 within fourteen (14) days from the date of occurrence. The meeting must be scheduled within seven (7) days of receipt of your written grievance. Each appeal thereafter must be made within seven (7) calendar days after receipt of management's decision at the preceding step. Always check the correct Memorandum of Understanding

"Date of Occurrence" – This is the date on which you learn that your wages, hours, or conditions of employment have been adversely affected by a management decision or action.

"Statement of Grievance" – In this space you should state what management action has adversely affected you and how it harmed you. **Be Specific!**

"Section of Memorandum" – Only interpretations or applications of provisions of the Memorandum of Understanding which adversely affect your wages, hours or conditions of employment are grievable; therefore, your grievance must be related to one or more sections of it.

"Suggested Solution" – Indicate what corrective action would resolve the grievance to your satisfaction.

DISCHARGE/SUSPENSION/REDUCTION

These appeals must be filed within ten (10) days of receipt of notice. Check grievance procedure for correct step to file.

Instruction to management:

"Date Received" – This is the date you received the written grievance.

"Date of Meeting" – This is the date of the meeting held to discuss the written grievance. Meeting is to be held within seven (7) calendar days of receipt of grievance.

"Decision" –

1. Responses are due in accordance with deadlines prescribed in the MOU.
2. ~~At~~ If the problem is grievable, your answer should indicate whether or not you think any corrective action is appropriate. If so, your answer will be proposed resolution of the grievance; if not, you should indicate that the grievance is denied and give your reason.
3. If the Issue is not grievable, your answer should be "not grievable" and should indicate the reason why, e.g., is not related to a provision of the Memorandum of Understanding.

"Further Appeal" – If the matter is grievable indicate who, and which step is next in the grievance procedure.