

**CITY OF PHOENIX, ARIZONA
EMPLOYEE GRIEVANCE & RESPONSE FORM**

DISTRIBUTION (After Reponse)
 White - Grievant
 Canary - Department (Employment Services for Police Dept.)
 Pink - Labor Relations
 Goldenrod - Grievant (Before Response)

Please print or type. Use Form 14-6.1D if additional space is needed.

This form is to be used to initiate a formal grievance. It is also used for management response. Complete and distribute as noted above. Refer to A.R. 2.61 or Unit Memorandum of Understanding for proper grievance procedures and time limits. If you have any questions, see your supervisor.

A. Check one: <input type="checkbox"/> A.R. 2.61 Grievance <input type="checkbox"/> M.O.U. Grievance		DATE
B. EMPLOYEE'S NAME/SIGNATURE		JOB TITLE
DEPARTMENT OR DIVISION	WORK LOCATION	
INDICATE REPRESENTATIVE, IF ANY.		SIGNATURE OF REP.

C. STATEMENT OF GRIEVANCE Has this complaint been discussed with your immediate supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		SUPERVISOR'S NAME/TITLE
What is the action or situation about which you have a grievance? (Be very specific, give names, dates and exact information.)		
What policy, regulation, or M.O.U. provision do you think has been violated?		
Action requested:		

D. MANAGEMENT RESPONSE <u>DECISION</u>		
<u>BASIS FOR DECISION</u>		
MANAGEMENT SIGNATURE	TITLE	DATE