

**CITY OF HIALEAH
GRIEVANCE INITIATION**

Distribution:

Original - Intermediate Supervisor
1 Copy - Employee
1 Copy - Human Resources Department

Case Number: _____

Instructions: Complete the original and two (2) copies of this form. Give the original to your intermediate supervisor. Give one (1) copy to the Human Resources Department and retain one (1) copy for your records. Appeal must be within the specified time limit. If you have any questions, contact the Human Resources Department or your employee representative.

Employee's Name:	Title:	Department or Division:
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Have you complied with the Step I of the Grievance Procedure? Yes No

If yes, name of immediate Supervisor: _____ Compliance Date: _____

1. What is the action or situation about which you have a grievance?
(Be specific as to facts, names, dates, etc.)

2. What do you think should be done about it?

3. Name and title of Intermediate Supervisor handling this step of the Grievance:

I hereby elect this grievance procedure in lieu of going before the Personnel Board. I understand that if I am not totally satisfied with the disposition of my grievance, I cannot then go before the Personnel Board for further action.

Employee's Signature:	Signature Date:	Date received by Intermediate Supervisor:
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**CITY OF HIALEAH
GRIEVANCE DISPOSITION**

Distribution:

- Original - Employee
- 1 Copy - Department
- 1 Copy - Human Resources Department

Case Number: _____

Step: _____

Grievance Initiation Date or

Date Appeal was Received: _____

Instructions: Complete the original and two (2) copies of this form. Give the original to the employee involved. Send one (1) copy to the Human Resources Department and one (1) copy to your Department. Also, forward the Grievance Initiation or Appeal received by you to your Department. Answer the grievance within the time limits provided.

Employee's Name:	Title:	Department or Division:
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1. What are the issues involved in this Grievance?

2. What is your decision and on what basis did you make the decision?

Signature:	Title:	Date:
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Date received by Grievant: _____

**CITY OF HIALEAH
GRIEVANCE APPEAL**

Distribution:

- Original - Authorized Person
- 1 Copy - Employee
- 1 Copy - Human Resources Department

Case Number: _____
Step: _____
Date Grievance Disposition
was Received: _____

Instructions: Complete the original and two (2) copies of this form. Give the original to the next person authorized to handle this step of the Grievance. Give one (1) copy to the Human Resources Department and retain one (1) copy for your records. Appeal must be within the time limit.

1. I wish to appeal the Grievance Disposition signed by:

Name:	Title:	Date:
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2. Nature of Grievance:

3. What agreement, policy, regulation, or law do you feel has been violated:

4. Reason for appeal and action you would like to see taken to resolve this Grievance:

5. Name and title of authorized person to handle this step of the Grievance Appeal:

Signature:	Title:	Date:
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Date received by authorized person: _____