EMPLOYEE GRIEVANCE PROCEDURE

GRIEVANCE FORM

I. Grievance

Employee's Full Name:	*** SSN (optional):** - -	**Job Title:**
Department Name:		**Facility Name:**
Home Address:	**Work Telephone No.** ( ) - ext. **Work E-mail Address:**	**Home Telephone No.** ( ) - **Home E-mail Address:**
Date Grievance Occurred:	**Role/Title:**	
The issues are (use attachments if necessary):		
The facts supporting this are (use attachments if necessary):		
The relief I want is (use attachments if necessary):		
Date:	**Employee's Signature:**	

Grievances must be presented or mailed to the immediate supervisor within 30 calendar days, with two exceptions. If the grievance alleges discrimination or retaliation by the immediate supervisor, the grievance may be submitted to the 2nd Tier Supervisor. The EBMC Grievance Procedure section of the Employee Handbook contains complete instructions. The Payroll Department may be contacted if questions arise.

☐ **Check if you decided <u>not</u> to present this to your immediate supervisor because of discrimination or retaliation by your Supervisor**

II. First Step (Informal Meeting)

Date Received by EBMC:		
Response (use attachments if necessary):		
Date:	**Supervisor's Signature:**	**Telephone No.:** ( ) - ext.

Date Received by Employee: _____

Employee's response (check one):

☐ **I conclude my grievance and am returning it to the Human Resources Office.**

☐ **I advance my grievance to the second step.**

Employee's comments (optional - [use attachments if necessary]**):**	
Date:	**Employee's Signature:**

NOTE: The employee is responsible for delivering this grievance form to the proper Supervisor, 2nd Tier Supervisor or Payroll Department.

EBMC Payroll Department
6600 Hunter Drive, Rohnert Park, CA 94928
707 584-5123 • FAX 707 584-5124
www.ebmc.com

III. Second Step (Formal Meeting)

Date Received by EBMC:		**Date of Meeting:**
Response (use attachments if necessary):		
Date:	**Supervisor's Signature:**	**Telephone No.: ( ) - ext.**

Date Received by Employee: _____

Employee's response (check one):

☐ **I conclude my grievance and am returning it to the Human Resources Office.**

☐ **I advance my grievance to the third step**

Employee's comments (optional - [use attachments if necessary])**:**

Date:	**Employee's Signature:**

NOTE: The employee is responsible delivering this form to the proper person or office within five workdays of receipt.

IV. Third Step (Appeal)

Date Received by EBMC:		
Response (use attachments if necessary):		
Date:	**Supervisor's Signature:**	**Telephone No.: ( ) - ext.**

Date Received by Employee: _____

Employee's response (check one):

☐ **I conclude my grievance.**

☐ **I request my grievance be submitted to judicial reference.**

Employee's comments (optional - [use attachments if necessary])**:**

Date:	**Employee's Signature:**