EMPLOYEE GRIEVANCE

GRIEVANCE FORM A – Expedited Process
(Grievances involving loss of wages or involving your Supervisor)

I. Grievance

Employee's Full Name:	*** SSN:** - -	**Job Title:**	
Agency Code:	**Agency 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):

I am using the Expedited Process Because (use attachments if necessary)**:**

Date:	**Employee's Signature:**

This form may only be used if your complaint involves termination, demotion, suspension without pay, or lost wages. The grievance must be submitted to the 2nd Tier Supervisor unless the grievance alleges discrimination or retaliation by the 2nd Tier Supervisor. In such cases, consult the Human Resources Department for specific instructions.

**** SSN assists with administrative processing of the grievance and is not required.***

EBMC
6600 Hunter Drive, Rohnert Park, CA 94928
707 584-5123 • FAX 707 584-5124

II. Meeting / Investigation

Date Received:	**Date of Meeting/Investigation:**
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 Payroll Department.**

☐ **I appeal the decision and request the Payroll Department to forward the grievance record to the President.**

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

Date:	**Employee's Signature:**

NOTE: The employee is responsible for delivering this form to Payroll Department within five workdays of employee's receipt.

III. (Appeal)

Date Received:
Response (use attachments if necessary):

Date:	**Respondent's Signature:**	**Telephone No.:** ( ) - ext.

Date Received: _____

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:**