EBMC

INFORMAL GRIEVANCE PROCEDURE

SUPERVIOSR'S RESPONSE

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:	**Date Reported:**	**Role Title:**

Alleged Issues: (use attachments if necessary):

Results of Supervisor's Investigation: (use attachments if necessary):

Date:	**Supervisor's Signature:**

IF YOU DISAGREE WITH THE RESULTS OF THE SUPERVISOR'S INVESTIGATION:

You may present a formal Grievance in person or by mail to your Supervisor within 30 calendar days of the conduct which is the basis of the Grievance.

If the grievance alleges discrimination or retaliation by your immediate Supervisor, the Grievance may be submitted to the 2nd Tier Supervisor.

If the complaint involves termination, demotion, suspension without pay or lost wages, the Grievance may be submitted to the 2nd Tier Supervisor under the Expedited Grievance Procedure.

The EBMC Employee Grievance Procedure section of the EBMC Employee Handbook and Personnel Manual contains complete instructions. If you have any questions, you may contact the Payroll Department.

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

Date Received by Employee: _____

Employee's response (check one):

- ☐ **I conclude my grievance.**
- ☐ **I advance my grievance to the second step.**
- ☐ **I want Payroll Department to rule on whether I initiated my grievance in 30 calendar days.**

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

Date:	**Employee's Signature:**

NOTE: The employee is responsible for having this form delivered to the 2nd Tier Supervisor or Payroll Department.

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