



**CITY OF
LITTLE ROCK**

GRIEVANCE FORM

SUBMITTED BY:

Name Date

Job Title Department/Division

Union Steward Date

FORWARDED TO IMMEDIATE SUPERVISOR ON _____
Date

Acknowledgement of receipt of the grievance:

Immediate Supervisor Signature Department/Division/Date

STEP ONE:

Grievance Statement: (To be Completed by Grievant or Union Steward)

State your grievance in the space below. Indicate the Article of the Memorandum and/or the Section of the Administrative Personnel Policy and Procedure Manual which you feel were violated. Use additional pages if needed.

Article: _____ Section: _____

I (we) believe the stated article/policy was misapplied on: _____
Date

because: _____

I believe a just and fair solution to the grievance is: _____

The following solution was offered (to be completed by immediate supervisor): _____

No solution was offered.

Immediate Supervisor Signature Date

I accept the proposed solution. I do not accept the proposed solution.
 No solution was offered.

Grievant Date

Union Steward Date

If a solution was not reached, the grievant may forward the grievance to the next step.

STEP TWO:

Department Director

Date grievance was received: _____:

The following solution was offered (to be completed by the Department Director):

No solution was offered.

Department Director Signature

Date

I accept the proposed solution.

I do not accept the proposed solution.

No solution was offered.

Grievant

Date

Union Steward

Date

If a solution was not reached, the grievant may forward the grievance to the next step.

STEP THREE:

Director of Human Resources

Date grievance was received: _____

A hearing was scheduled: Yes No If yes, date: _____

Attached is the Written Determination
of the City Manager.

Yes
 No – If no explain below

Dated: _____

Signature of City Manager Representative: _____