# COUNTY OF ORANGE EMPLOYEE GRIEVANCE/APPEAL FORM

Name:	TO BE COMPLETED I				instructions on page 2) itle:	
Agency/Department & Division:					Phone Number:	
Name of your immediate supervisor:				Supervisor Phone Number:		
This is a formal subn	nission of grievance/appe	al to Step	1		4 (if applicable) arbitration	Open to mediation
Name of your repre	esentative:			(SELECT ONE)	Representative Unit:	
Date of Occurrence	which gave rise to proble	em:				
Answer was receive	ed from:					
		•		ND TITLE)		
in response to Info	rmal Discussion, Step 1	. 2	3	(if applic	cable) on	
Statement of Grieval affected:	ance clearly indicating ho	w your wag	ges, h	ours or cond	itions of employment have bee	n adversely
Suggested Solution	orandum of Understandin	g (MOU) w	hich y	ou believe h	ave been violated:	
	scrimination in the applications on what basis you are				YES: NO: ttach a statement describing ho	ow the provision
	n this form was applied to					·
Age	Color	Disab	ility	,	Gender Geneti	ic Information
Harassment	<b>Marital Status</b>	Medio	cal Co	ndition	National Origin/Ethnicity	Pregnancy
Race	Religion	Sexua	al Orie	entation	Veteran Status Retaliati	on
Signature of Emplo	yee:				Date:	
	то	BE COMPLI	ETED	BY MANAGE	MENT:	
Date Received: Date of Meeting:						
Those Present at M	leeting:					
	ecision if additional space					
Signature:			itle:		Date:	
Further appeal wou						.ep:

(NAME AND TITLE)

## INSTRUCTIONS FOR COMPLETING EMPLOYEE GRIEVANCE/APPEAL FORM

Refer to the applicable MOU for the grievance procedures for your bargaining unit. Below are general instructions for processing, but these do not supersede the applicable MOU provisions.

## **Instructions to Employee:**

Grievances are typically filed initially at Step 1. Submission, meeting, decision, and other deadlines are set forth in the applicable MOU. The MOU and grievance procedure also state who receives each step of the grievance.

"Date of Occurrence" – This is the date on which you learn that your wages, hours, or conditions of employment have been adversely affected by a management decision or action.

"Statement of Grievance" – In this space you should state what management action has adversely affected you and how it harmed you. **Be Specific!** 

"Section of Memorandum" – Only interpretations or applications of provisions of the Memorandum of Understanding which adversely affect your wages, hours or conditions of employment are grievable; therefore, your grievance must be related to one or more sections of the MOU.

"Suggested Solution" – Indicate what corrective action would resolve the grievance to your satisfaction.

### **Instruction to management:**

"Date Received" – This is the date you received the written grievance.

"Date of Meeting" – This is the date of the meeting held to discuss the written grievance.

#### "Decision" -

- 1. Responses are due in accordance with deadlines prescribed in the MOU.
- 2. Ánf the problem is grievable, your answer should indicate whether or not you think any corrective action is appropriate. If so, your answer will be proposed resolution of the grievance; if not, you should indicate that the grievance is denied and give your reason.
- 3. If the Issue is not grievable, your answer should be "not grievable" and should indicate the reason why, e.g., is not related to a provision of the Memorandum of y nderstanding.

"Further Appeal" – If the matter is grievable, indicate who receives the appeal and which step is next.