

## CITY OF CORONADO EMPLOYEE GRIEVANCE FORM

Employee Name	Classification	Department	Date of Incident Causing Grievance

**Statement of Grievance (Attach additional sheets if needed)**

<b>Employee's Signature</b>

**STEP 1: Supervisor**

Date Grievance Provided to Supervisor	Date Discussed with Employee	Date Employee Given Decision	Signature of Supervisor

**Supervisor's Decision:**

**STEP 2: Superior**

Date Grievance Provided to Superior	Date Heard by Superior	Date Employee Given Decision	Signature of Superior

**Superior's Decision:**

**STEP 3: Department Head**

<b>Date Grievance Provided to Department Head</b>	<b>Date Heard by Department Head</b>	<b>Date Employee Given Decision</b>	<b>Signature of Department Head</b>
<b>Department Head's Decision:</b>			

**STEP 4: City Manager**

<b>Date Grievance Provided to City Manager</b>	<b>Date Heard by City Manager</b>	<b>Date Employee Given Decision</b>	<b>Signature of City Manager</b>
<b>City Manager's Decision:</b>			

<b>Date Submitted to Civil Service Commission</b>