CITY OF CORONADO EMPLOYEE GRIEVANCE FORM

Employee Name	Classification	Department	Date of Incident Causing Grievance
			Causing Grievance
Statement of Crievanes (A	Attach additional sheets if no	oadad)	
Statement of Grievance (A	ttach additional sheets if h	eeded)	
Employee's Signature]	
Employee s Signature			
STEP 1: Supervisor			
Date Grievance	Date Discussed with	Date Employee Giver	n Signature of Supervisor
Provided to Supervisor	Employee	Decision	. 9 r
Supervisor's Decision:			
Supervisor's Decision.			
STEP 2: Superior			
Date Grievance	Date Heard by Superior	Date Employee	Signature of Superior
Provided to Superior		Given Decision	
Superior's Decision:			
-			

Date Grievance Provided to Department	Date Heard by Department Head	Date Employee Given Decision	Signature of Department Head
Head	- · F	337733	
Department Head's Decis	ion:		
TED 4. City Manager			
TEP 4: City Manager Date Grievance	Date Heard by City	Date Employee	Signature of City Manager
		Given Decision	
	Manager	Given Decision	
Provided to City Manager	Manager	Given Decision	
Manager		Given Beeision	
Manager		Given Beetsion	
		Given Beetsion	
Manager		Given Beetsion	
Manager			