



City of Lemon Grove
Grievance Form

File Date:

Incident Date:

Employee/Unit:

Classification(s):

Department:

Immediate Supervisor:

Statement of Grievance/Facts

[Empty box for Statement of Grievance/Facts]

Cite the regulation, policy, MOU, resolution, and/or rule, alleged to have been violated:

[Empty box for Cite the regulation, policy, MOU, resolution, and/or rule, alleged to have been violated]

Remedy Requested

[Empty box for Remedy Requested]

Employee/Representative Name

Employee/Representative Signature

STEP	ACTION DATE	RESOLUTION