

CITY OF HAMMOND

310 EAST CHARLES ST. . P. O. BOX 2788. HAMMOND, LA 70404-2788

GRIEVANCE FORM

PART 1: NAME: _____ **JOB TITLE:** _____

DEPARTMENT: _____ **DATE:** _____

IMMEDIATE SUPERVISOR: _____

STATEMENT OF GRIEVANCE AND ANY INFORMAL ACTION TAKEN: (Use separate sheets as needed)

PART 2: THE RELIEF I AM SEEKING IS:

EMPLOYEE SIGNATURE

DATE:

PART 3: SUPERVISOR

DATE REC'D _____

DECISION OF IMMEDIATE SUPERVISOR

SUPERVISOR SIGNATURE

DATE

I DO/DO NOT CONCUR WITH THIS ACTION: _____

EMPLOYEE SIGNATURE/DATE

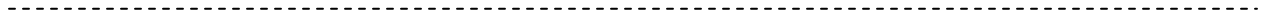
PART 4: NEXT LEVEL OF SUPERVISION

DATE REC'D: _____

DECISION OF NEXT LEVEL OF SUPERVISION

SUPERVISOR SIGNATURE

DATE



PART 5: DEPARTMENT HEAD

DATE REC'D: _____

DECISION OF DEPARTMENT HEAD

DEPT. HEAD

SIGNATURE: _____

DATE: _____

I DO/DO NOT CONCUR WITH THIS ACTION: _____
EMPLOYEE SIGNATURE/DATE

NOTE: If the person filing the grievance wishes further review of the matter all paperwork and their attachments (including transcripts and/or tapes of recorded interviews) will be forwarded to the Director of Administration for review. The Director of Administration shall review all documents submitted and, if necessary, request additional information that may include personal interviews with all parties. After reviewing the incident, documentation, and actions taken the Director of Administration shall make a final ruling on the matter.