

**CITY OF DE PERE
EMPLOYEE STATEMENT OF GRIEVANCE**

Employee-Grievant Information

Name: _____ **Phone No.** _____

Address: _____ **Hire Date:** _____

Supervisor: _____ **Work Location:** _____

Statement of Grievance

Date of Alleged Incident: _____

Provide a clear and concise statement of the pertinent facts:

(attach additional statement if necessary)

Statement of Grievance (continued)

Names and Contact Information of persons involved:

Steps taken to informally resolve the dispute and results:

Reasons why the actions of the supervisor should be overturned, if applicable, or desired remedy:

If alleging a workplace safety issue, identify the workplace rules allegedly violated, if applicable:

What solution do you seek to resolve your grievance?

Attach to this statement a copy of all documentation related to the grievance in your possession.

Date and Signature of Employee-Grievant