

File No. \_\_\_\_\_

Association/Union \_\_\_\_\_

Unit \_\_\_\_\_

### GRIEVANCE APPEAL

#### INSTRUCTIONS

Complete form and distribute in accordance with prescribed departmental procedures.

Grievant's Name (Please Print)	Class Title	Filing Date of Grievance Initiation
Dept./Bureau	Division	Section

1. I wish to appeal the Grievance Response signed by: (See Grievance Response)

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

1A. Level to which grievance is being appealed: **Check One**

2nd Level

3rd Level

Authorized Employee  
Organization Representative  
(If arbitration requested)

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Arbitration

Civil  
Service  
Commission

Reason for Appeal

Grievant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Received by Immediate Supervisor \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_