

County of Sacramento
Formal Grievance Form

Formal Grievance: To file a formal grievance, the employee or employee representative completes this section and submits the form to the identified County representative.

To: Identified County Representative

Name: _____

Job Classification: _____

Note: When filing a grievance via e-mail, CC: labrelappeals@saccounty.gov. If filed by another method, the recipient should scan and email the form to the same address.

From: Employee(s) Recognized Employee Organization

Bargaining Unit(s): _____

Recognized Employee Organization: _____

Filed on behalf of: Individual Employee(s) Affected Group

If filed on behalf of employee(s):

Name: _____

Job Classification: _____

Phone: _____ Email: _____

Note: If multiple employees are filing together regarding the same issue, list them in the Statement of Grievance or a supplemental attachment.

If filed on behalf of an affected group:

Identify affected group: _____

Department and Work Location: Applies to employee(s) and affected groups.

Department(s), Division, Section: _____

Work Location Address: _____

Employee Representative (if applicable)

Name: _____

Title: _____

Phone: _____ Email: _____

Was an informal discussion held? Yes No

If **No**, explain why an informal discussion was not held:

If **Yes**, complete the following:

Supervisor or Manager's Name: _____

Supervisor or Manager's Job Classification: _____

Date of Informal Discussion: _____ Date Response Provided: _____

Section(s) of Agreement Allegedly Violated: Identify the applicable Article, Section, Subsection, LOU, or Addendum.

Statement of Grievance: Include affected employee name(s) and relevant details (e.g., dates, locations, witness names, and a description of the circumstances).

Date of Incident/Event: _____

Is the incident ongoing? Yes No

Proposed Remedy: Describe the specific relief or action requested to resolve the grievance.

Filing Level: Grievances must be filed at the lowest contractual step unless special circumstances exist and prior authorization is obtained from the Office of Labor Relations (OLR).

This grievance is submitted at: Step 1 Step 2 Step 3

If filing above Step 1: Identify the authorizing OLR representative and reason.

Signature of Person Filing Grievance: _____ **Filing Date:** _____

Step 1 Decision: This section is completed by the County representative responding at Step 1.

Date Grievance Received: _____ Grievance Number: _____

Signature of County Representative: _____ **Response Date:** _____