



# Employee Grievance Form

## Instructions

Section 1 through 9 must be completed by the grievant (please type or print).

One copy of this form must be submitted to the respondent. The appropriate grievance procedure as outlined in your collective bargaining agreement must be followed.

**1. Grievant (Full Name):**

**2. Work Site:**

**3. Job Title (Position):**

**4. Employee Number:**

**5. Names of Union Representatives if any.**

**6. Office or Department:**

## Grievance

**7. Grievance Step:**

Authority Name:

Authority Job Title:

**8. Clearly and concisely state your grievance:** indicate the alleged misinterpretation, misapplication, or violation of specific provisions of the Agreement and or any other applicable provisions, statutory and constitutional rights, and rules, regulations, policies and procedures of the LACCD, and or the Personnel Commission (Attach additional sheets if necessary.)

**9. Clearly and concisely state your remedy:** (Attach additional sheets if necessary.)

Signature of Grievant:

Date

Respondent: Clearly and concisely state the reason for your decision on a separate sheet and send copy with this form to the Office of Employee and Labor Relations.