

Appendix A
City of Clarksville
EMPLOYEE GRIEVANCE FORM

FOR OFFICIAL USE ONLY	
Date Received by Unit/Department Grievance Contact:	Grievance Number Assigned by HR Director: Date Grievance Number Assigned:

GRIEVANT INFORMATION: Date: _____

Name: _____ Payroll Job Title: _____

Unit/Department: _____ Work Shift: _____

Home Mailing Address: _____
City State Zip

Home Phone: _____ Work Phone: _____
(Area Code) (Area Code)

Names of Witnesses who have first-hand knowledge of the events being grieved (if employee elects to present a witness or testimony from such a witness or witnesses):

The complete original documents (All Pages/Responses) must be submitted at each step. The complaint, adverse affect, and requested relief must be summarized, clearly stated, and legibly written or typed in the appropriate spaces below or on an attached separate page(s). If you describe the complaint, adverse affect, or requested relief on a separate attachment, write “see attachment” in each appropriate space below. Use reverse side if needed.

<p>Complaint: Be specific. Include full name, date, place, rules, regulations, etc. Must not be in relation to an incident that has not yet occurred. Must not reference multiple employment-related matters or employment-related matters already addressed in grievance that you previously submitted.</p>
<p>Adverse Affect: Explain how the action or issue adversely affected or interfered with an employment-related matter.</p>
<p>Requested Relief: State the specific corrective action or relief that you are requesting. The corrective action or relief requested must be within the authority of the City to grant and must not include a request that another employee be disciplined.</p>

Instructions: Submit complete grievance form along with any supporting documentation to the unit/department grievance contact.

Grievant’s Signature Date

Appendix A

GRIEVANCE STEPS

Step 1 – Submit to First Line Supervisor/Lowest Level Management that can resolve

Step 2 – Submit to Department Head (If Step 1 response is not acceptable)

Step 3 – Submit to HR Director (If Steps 1 & 2 responses are not acceptable)

Step 4 – Submit to Mayor (If Steps 1, 2, and 3 responses are not acceptable)

Note – Step levels 1, 2 and 4 have 7 days to respond back; step 3 level has 10 days to respond.

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(Grievant Steps/Answers to Grievant)

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FOR OFFICIAL USE ONLY: Grievance Number _____

STEP _____

Name: _____

Title: _____

Date Grievance Received: _____

Step _____ Grievance Meeting Date: _____
(if applicable; meeting is not required)

RESPONSE (Within 7 days of receipt):

Step _____ Responding Authority's Signature

Date

If you reject this response, the Step _____ Responding Authority will be:

Verification of Grievant's Receipt of Response:

Name and Title

Certified Mail Receipt No. or
Grievant's Signature and Date

Mailing Address City State Zip

A. GRIEVANT'S ANSWER (If you elect to reject the Step _____ response and proceed to Step _____ you must submit the complete original Employee Grievance form, with any supporting documentation to the appropriate Step _____ Responding Authority identified in the Step _____ Response. Your answer must be submitted within 7 days after receiving the Step _____ response. Your answer must not include the addition of new issues that are not directly related to the initial complaint.):

I am rejecting the Step _____ response. My reasons are listed below:

Grievant's Signature: _____

Date: _____