

**City of Somerton
Employee Grievance Form**

A. Employee Information:

Name _____

Position Title _____ Department _____

Work Telephone _____

Home Address _____ Home Telephone _____

Date of Incident _____ Supervisor _____

B. Grievance Type: (please check one)

- ☐ a violation or misapplication of city policies
- ☐ a violation or misapplication of rules pertaining to employment in the respective department
- ☐ inaccurate or misleading information in a personnel file
- ☐ a violation or misapplication of applicable laws or regulations, including anti-discrimination laws
- ☐ a suspension without pay, demotion, or dismissal
- ☐ unlawful workplace harassment

C. State the specific reason(s) for Grievance:

D. State the specific resolution being requested:

Employee Signature

Date