

# GRIEVANCE APPEAL

Filed L.R.O.	For Management Use Only
File No:	
Association/Union:	
Unit:	

**INSTRUCTIONS:** Complete form and distribute in accordance with prescribed departmental procedures.

<b>Grievant's Name(s)</b> (If more than two, attach typed list)		<b>Class Title</b>	<b>Filing Date of Grievance</b>
<b>Dept/Bureau and Division</b>	<b>Division</b>	<b>Section</b>	<b>Business Phone</b>
<b>1. I wish to appeal the Grievance Response signed by:</b>	<b>Name</b>	<b>Title</b>	<b>Date</b>
<b>1a. Level to which grievance is being appealed:</b>	<b>Signature</b>		
2 <sup>nd</sup> Level <input type="checkbox"/> 3 <sup>rd</sup> Level <input type="checkbox"/>	<b>Title</b>		

Arbitration     Civil Service Commission

**Reason for Appeal:**

<b>Grievant's Signature</b>	<b>Date</b>
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**Received by Immediate Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_