

MIAMI-DADE COUNTY
5. EMPLOYEE STANDARD GRIEVANCE FORM

Before completing this written grievance, carefully read the instructions on the back page.

* * * PLEASE TYPE OR PRINT CLEARLY * * *

Name of Employee: _____ Job Title: _____ Department and Division: _____

Immediate Supervisor with whom grievance discussed: _____ Date(s) discussed: _____

Name: _____ Title: _____

Below, select the grievance procedure to be followed for processing this grievance. You will be bound by your choice of a grievance procedure. (Check One)

- ☐ Career Service Grievance Procedure (Administrative Order No. 7-18)
- ☐ Collective Bargaining Grievance Procedure

Name of employee association or union that represents you. _____

A

In this section provide a complete statement of the grievance, the basis for the grievance and the remedy requested. (See Instructions)

Employee's Signature and Date presented to Supervisor: _____

Signature of Supervisor to whom presented: _____

Title: _____

SUPERVISOR'S REPLY TO WRITTEN GRIEVANCE
(Photocopy to Labor Relations)

Supervisor's Signature and Date presented to Employee:

Signature of Employee:

B

If grievance is not resolved, the employee may comment below then appeal grievance to Division Director.

Employee's Comment: _____

Employee's Signature indicating appeal to Division Director:

Date Appeal submitted:

Signature of Division Director:

DIVISION DIRECTOR'S REPLY TO GRIEVANCE
(Photocopy to Labor Relations)

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Division Director's Signature and Date presented to employee:	Signature of Employee:
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C

If grievance is not resolved, the employee may comment below then appeal grievance to Department Director.

Employee's Comment: _____

Employee's Signature indicating appeal to Department Director:	Date appeal submitted:	Signature of Employee:
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DEPARTMENT DIRECTOR'S REPLY TO GRIEVANCE
(Photocopy to Labor Relations)

Department Director's Signature and Date presented to Employee:	Signature of Employee:
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EMPLOYEE STANDARD GRIEVANCE FORM

I n s t r u c t i o n s

In an effort to expedite employee grievances, this Employee Standard Grievance Form shall be used for processing all written grievances. This form may be used in conjunction with the grievance procedures provided in collective bargaining agreements or for use under the County Career Service Grievance Procedure (Administrative Order No. 7-18). If you are covered by a collective bargaining agreement, consult the grievance procedure article in the contract which applies to you. An employee may have the option of selecting either the grievance procedure provided in the collective bargaining agreement or the County Career Service Grievance Procedure. However, selection of a grievance procedure on Page 1 of this form shall be final and binding on the employee. Before submitting the grievance, review the specific steps, time limits and other requirements pertaining to the grievance procedure which you are following. Failure to adhere to the proper procedure or time limits may result in the loss of your grievance.

Step I of most grievance procedures requires the employee to first informally discuss the problem with his or her immediate supervisor. Step II of most of the grievance procedures is the point at which the grievance is first submitted in writing, normally to an intermediate level superior. Section A (Page 1) of this form is to be used for this purpose and should include a complete and accurate description of the grievance. Include in this statement the following information if appropriate; (1) the time, date and place of the incident out of which the grievance arose; (2) the name of persons involved and witnesses, if any; (3) the provision of the collective bargaining agreement, regulation, rule or other written document upon which the grievance is based; (4) the remedy or action sought to correct the grievance; and, (5) any other information which is necessary or helpful to understanding the grievance. Should additional space be needed to explain or add comments, attach a supplementary sheet to this form.

The completion of Sections B and C of the form will depend on whether the grievance remains unresolved, the subsequent steps required by the applicable grievance procedure which you are following, and the number of supervisory levels between yourself and your Department Director. If you have any questions about the proper use of this form, consult your departmental personnel officer or the Labor Relations Division. Your labor organization representative may also be consulted whenever you wish to do so under applicable grievance procedure rules.