



MONROE COUNTY IAFF LOCAL 3909
GRIEVANCE FORM

STEP 1 TO BE COMPLETED BY UNION OR EMPLOYEE:

Date of filing

Additional pages may be attached to the Grievance Form.

FROM Employee Title Department

Grievance must be submitted within 15 calendar days of the incident being grieved.

1. STATEMENT OF GRIEVANCE (Grievance must contain: 1) Statement, as complete as possible under the circumstances, of the grievance and the facts upon which it is based, including dates, times, locations, names of witnesses, and other information appropriate; 2) Section or sections of the Contract Agreement claimed to have been violated; 3) Remedy or corrective action requested by the grievant).

Three horizontal lines for writing the grievance statement.

Original copy of the completed form shall be delivered to the employee's immediate supervisor, and also submit a copy to the Union representative.

Employee Signature

Date

TO BE COMPLETED BY IMMEDIATE SUPERVISOR within 7 work days of receipt of Grievance Form.

Supervisor Name

Date Grievance Received

TO SUPERVISOR: Shall attempt to resolve the grievance by attempting to fully discuss the matter with the employee in a fair and equitable manner in accordance with established policy of the County.

Two horizontal lines for supervisor notes.

Supervisor Signature

Date

TO EMPLOYEE: If you are satisfied with your Supervisor's answer, you shall sign the original grievance form acknowledging agreement and submit it to the Human Resources Director for placement with your employment records. If you are not satisfied, you shall sign the original grievance form acknowledging disagreement and immediately notify the Union in writing. The original grievance form shall then be submitted by the employee to the Fire Chief within seven (7) work days of the decision of the immediate supervisor.

Agree: _____

Do Not Agree: _____

◆ **STEP 2 TO BE COMPLETED BY FIRE CHIEF (or authorized agent) within 7 work days of receipt of the immediate supervisor's decision.**

Name of Fire Chief

Date Grievance received

Fire Chief Signature

Date

EMPLOYEE: If you are satisfied with the Fire Chief's answer, you shall sign the original grievance form acknowledging agreement and submit it to the Human Resources Director for placement with your employment records. If you are not satisfied, you shall sign the original grievance form acknowledging disagreement and immediately notify the Union in writing. The original grievance form shall then be submitted by the employee to the County Administrator within seven (7) work days of the decision of the Fire Chief (or authorized Agent).

Agree: _____

Do Not Agree: _____

◆ **STEP 3 TO BE COMPLETED BY THE COUNTY ADMINISTRATOR within 10 work days of receipt of the Fire Chief's (or authorized agent's) decision.**

Name of County Administrator

Date Grievance received

County Administrator Signature

Date

EMPLOYEE: If you are satisfied with the County Administrator's answer, you shall sign the original grievance form acknowledging agreement and submit it to the Human Resources Director for placement with your employment records. If you are not satisfied, you shall sign the original grievance form acknowledging disagreement and the original, signed form shall be submitted by the employee to the Human Resources Director within seven (7) work days of the decision by the County Administrator (or authorized agent). The employee shall also submit a copy of the Grievance form to the Union.

Agree: _____

Do Not Agree: _____

No Resolution: Within seven (7) working days after the decision by the County Administrator (or authorized agent), either the County or the Union shall announce its intention to proceed to arbitration by providing the other party with a copy of FMCS Form R43. The copy shall be sent by certified or registered mail to the other party and the original mailed to the FMCS.