

Signature	Step	Level
	1	Division
	2	Department
	3	City Manager

**CITY OF COALINGA
GRIEVANCE FORM**
(Use additional sheets of paper if desired)

Employee: _____

Job Title: _____ **Department:** _____ **Shift:** _____

Date of Hire: ____/____/____ **Supervisor:** _____

Nature of Grievance:

Adjustment Desired:

Management Reply:

Steps Taken:

Disposition:

Date: _____ **Employee's Signature:** _____

