

## STATEMENT OF GRIEVANCE FORM

To be used with Tooele City Personnel Policies & Procedures Section 13: Grievance

Employee Name (Print):	Date:
Contact Information & Representation	
Under the Grievance policy, notification of decisions estable Please be sure to familiarize yourself with the policy's notification will be sent according to the purposes of this Grievance, notification will be sent according to the purposes of this Grievance, notification will be sent according to the purpose of this Grievance, notification will be sent according to the purpose of the purpose	fication and filing requirements. For
Your mailing address:	
Your e-mail:	
Phone Number to be Used to Contact You During this Grie	evance Process:
Is Any Other Agent Acting on Your Behalf or Legal Couns	sel Representing You?   Yes   No
If yes, please provide name, phone number, e-mail a individual:	address, and mailing address for this
Please note that if you have declared that another a you, Tooele City will send communications and notice legal counsel.	
Current/Prior Grievance Stages. Please provide hi	storical information.
☐ Grievance filed with Stage 1 supervisor on Grievance was not filed with Stage 1 supervisor due to	
☐ Grievance filed with Stage 2 supervisor on Grievance was not filed with Stage 2 supervisor due to	Decision received o
☐ Grievance filed with Stage 3a supervisor on Grievance was not filed with Stage 3a supervisor du	Decision received
☐ If applicable, Grievance filed with Stage 3b supervisor on Grievance was not filed with Stage 3b supervisor du	
☐ If applicable, Grievance filed with Stage 3c supervisor on Grievance was not filed with Stage 3c supervisor du	
Grievance filed with Toole City Recorder to be delivered to Decision received	o the Appeal Board on

Reason for your grievance. Please check that which you believe occurred.		
	Violation of law, committed by any City employee, that adversely affected you.	
	Violation of the policies set forth in the Personnel Policies and Procedures Manual, committed by any City employee that adversely affected you.	
	Adverse employment action that affected you.  Involuntary separation/dismissal  Written reprimand  Suspension without pay  Suspension without pay for more than two days  Involuntary transfer to a position of less remuneration. "Less remuneration" is defined as a reduction in your current hourly equivalent rate of pay and does not include any premium pay, differential pay, or overtime pay. Movement to a lower salary grade or red-circle pay status does not constitute less remuneration for purposes of the Grievance policy.  Involuntary demotion to a position of less remuneration	
	Occurrence being grieved was caused or committed directly by the Mayor.	
	Mayor failed to render a decision in accordance with the Grievance Procedure.	
	Other. Please explain:	
dates, t	<b>Is.</b> State your grievance including reason for grievance, all the facts, applicable violation, times and place of occurrence. Attach any supplemental documentation you desire to be ered. Use additional paper if necessary.	
Resol necessa	ution Desired. State the specific remedy or solution you desire. Use additional paper if ary.	
Emplo	yee's Signature: Date:	
Grieva	nce Received By: Date:	