

COUNTY OF SAN LUIS OBISPO
GRIEVANCE FORM

Personnel Department ■ County Government Center, 1055 Monterey St., Ste. D-250 ■ San Luis Obispo, CA 93408 ■ (805) 781-5959

Date:	Your Job Classification Title:
Name:	Or Examination Title:
Address:	Department:
City, State, Zip Code:	Division:
Telephone:	Representative (if applicable):

This form is required to be completed to state a **grievance** to the Civil Service Commission in accordance with Rule 4. Rule 4.05 GRIEVANCES states:

"The procedure established herein is limited to application to complaints of unfair or improper treatment in County employment and to matters specifically involving the interpretation or application of ordinances, rules, policies and agreement."

Review Civil Service Rule 4 in its entirety to ensure this form is filed within the time limits set forth in the Rules. If you have questions about the procedure, contact the Personnel Office for information. **DO NOT** contact members of the Civil Service Commission or Board of Supervisors prior to the date that your matter is scheduled for hearing.

*Return the completed form in an envelope marked CONFIDENTIAL - Attention Personnel Director,
 County Government Center, 1055 Monterey St., Ste. D-250, San Luis Obispo, CA 93408.*

Instructions: In the following space, continuing on the reverse side of this form, you are required to provide the following information. If necessary, continue on additional sheets of paper.

1. **Nature of grievance.** List the specific facts and events that are the basis of this grievance.
2. **Violation or infraction.** List the specific Civil Service Rule(s), Board of Supervisors regulations(s) or other law(s) you believe have not been followed.
3. **Relief requested.** List the specific remedy or solution you are seeking in order to solve or correct this grievance.

Important: Do not attach additional materials or evidence to this form. ***Please type or print legibly.***

GRIEVANCE FORM - continued

Prior to submitting this written grievance, have you conferred with?

	<i>Yes</i>	<i>No</i>	<i>Name</i>	<i>Date</i>
<i>1. Immediate Supervisor</i>				
<i>2. Appointing Authority</i>				
<i>3. Personnel Director</i>				

Signature of Appellant:	Date:
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