GRIEVANCE FORM

Human Resources Department ■ New 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 (805)	Representative (if applicable)
This form is required to be complete Rule 4.05 GRIEVANCES states:	ed to state a grievance to the Civil Service Commission in accordance with Rule 4.
	herein is limited to application to complaints of unfair or improper treatment in matters specifically involving the interpretation or application of ordinances, rules,
you have questions about the pro	ntirety to ensure this form is filed within the time limits set forth in the Rules. If ocedure, contact the Human Resources Department for information. DO NOT vice Commission or Board of Supervisors prior to the date that your matter is
1 0	in an envelope marked CONFIDENTIAL - Attention Human Resources Director, ament Center, 1055 Monterey St., Ste. D-250, San Luis Obispo, CA 93408.
	continuing on the reverse side of this form, you are required to provide the continue on additional sheets of paper.
1. <u>Nature of grievance</u> . Li	ist the specific facts and events that are the basis of this grievance.
 Violation or infraction. I you believe have not be 	List the specific Civil Service Rule(s), Board of Supervisors regulations(s) or other law(s) een followed.
3. <u>Relief requested</u> . List the	he specific remedy or solution you are seeking in order to solve or correct this grievance.
Important: Do not a	attach additional materials or evidence to this form. Please type or print legibly.

(Continue completing items 1-3 on reverse)

GRIEVANCE FORM - cont	inued				
Prior to submitting this written of	grievance, h <i>Yes</i>	ave you co <i>No</i>	onferred with? <i>Name</i>		Date
1. Immediate Supervisor					-
2. Appointing Authority					
3. Human Resources Director					
Signature of grievant:	,	, l	Date	:	