

Disciplinary Grievance Procedure for General City Employees

GRIEVANCE DISPOSITION

Department of Employee Relations City of Milwaukee (R. 2/15)

Instructions:

STEP 1 (Management level just above the chain of command at which the discipline was administered)

This Grievance Disposition form shall be used to respond to a Disciplinary Grievance Initiation filed under the City's Discipline and Grievance Procedure. The manager shall confer with the employee and shall provide a written disposition within 15 working days of a meeting to discuss the grievance or within 15 working days of receiving the grievance initiation. Please complete all required information and give original to the employee involved and send a copy to the Department of Employee Relations- Labor Relations Division - Room 701, City Hall.

STEP 2 (Department Head)

This Grievance Disposition form shall be used by the Department Head or designee after receiving a Disciplinary Grievance Appeal. The Department Head or designee shall confer with the employee and other departmental personnel as necessary and shall provide a disposition of the grievance within 15 working days of a meeting or within 15 working days of receiving the grievance appeal. Please complete all required information and give original to the employee involved and send a copy to the Department of Employee Relations – Labor Relations Division –Room 701, City Hall.

Employee Name: Telephone #: Email address: Department: Date Grievance Initiation or Appeal was received: Date of meeting with employee, if applicable: 1. What are the issues involved in this grievance? 2. What is your decision and the basis for that decision? 3. Names and Titles of the persons with whom this grievance was discussed. Manager/Department Head Name: Signature: Title: Title: Telephone # and email:		
Email address: Date Grievance Initiation or Appeal was received: Date of meeting with employee, if applicable: 1. What are the issues involved in this grievance? 2. What is your decision and the basis for that decision? 3. Names and Titles of the persons with whom this grievance was discussed. Manager/Department Head Name: Signature: Title:	Employee Name:	Job Title:
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	Signature:	
Telephone # and email:	Title:	
	Telephone # and email:	
Date:		