



Workplace Safety Grievance Procedure
REQUEST FOR REVIEW
 Department of Employee Relations
 City of Milwaukee (R. 8/12)

DER File # _____

INSTRUCTIONS:

This Request for Review form shall be used when a grievance has not been settled under Step 2 OR Step 3 of the City of Milwaukee Workplace Safety Grievance Procedure.

STEP 2 (Department Head)

An employee wishing to appeal a Step 1 Grievance Disposition must complete this Request for Review Form and submit it to the Department Head within five (5) working days of receipt of the Grievance Disposition. Please complete all required information and give original and one copy to the Department Head and Safety Specialist, if applicable. A copy should also be sent to the Department of Employee Relations, Room 706, City Hall.

STEP 3 (DER Director)

An employee wishing to appeal a Step 2 Grievance Disposition must complete this Request for Review Form and submit it to the Director of Employee Relations within five (5) working days of receiving a written disposition from the Department Head. The Director of Employee Relations will notify the employee and the department of the decision in writing within thirty (30) working days from the date of the request for review or the date a meeting to discuss the grievance is held.

Employee Name:	
Job Title:	
Department:	
Bureau or Division:	
Date of Grievance Initiation:	
Date of Request for Review:	
1. What is the safety related issue or concern involved in this grievance?	
2. How does this safety related issue or concern present a threat of injury or illness to you or others?	
3. What is the reason for the Request for Review?	
Employee Signature:	
Telephone # or email:	Date: