



**Workplace Safety Grievance Procedure**  
**Grievance Disposition**  
**Department of Employee Relations**  
**City of Milwaukee (R. 8/12)**

**DER File #** \_\_\_\_\_

**INSTRUCTIONS:**

This Grievance Disposition form shall be used to respond to a Workplace Safety Grievance Initiation or Request for Review under Step 2 or Step 3 of the City's Workplace Safety Grievance Procedure.

*STEP 2 (Manager)*

This Grievance Disposition must be completed by a Manager above the chain of supervision at which the concern was initially discussed. Please complete all required information and give original and one copy to the employee involved and Safety Specialist, if applicable. A copy should also be sent to the Department of Employee Relations, Room 706, City Hall. A Grievance Disposition must be provided within ten (10) working days of the Grievance Initiation. The Manager may confer with the employee and other relevant personnel, including a representative of the employee's choosing, in an attempt to resolve the grievance.

*STEP 3 (Department Head)*

This Grievance Disposition must be completed by the Department Head or designee after receiving a Request for Review. Please complete all required information and give original and one copy to the employee involved and Safety Specialist, if applicable. A copy should also be sent to the Department of Employee Relations, Room 706, City Hall. The Department Head or designee may confer with the employee and relevant personnel, including a representative of the employee's choosing, and shall provide a disposition of the grievance within ten (10) working days of receiving the Request for Review or within ten (10) working days of a meeting to discuss the grievance, whichever is later.

<b>Employee Name:</b>	
<b>Job Title:</b>	
<b>Department:</b>	
<b>Bureau or Division:</b>	
<b>Date Grievance Initiation or Request for Review was received:</b>	
<b>1. What is the safety related issue or concern involved in this grievance?</b>	
<b>2. Does this safety related issue or concern present a threat of injury or illness to the employee or others?</b>	
<b>3. What is your decision and the basis for your decision? Please indicate the proposed remedy and timeline for implementation below, if applicable.</b>	
<b>4. Please identify the names and titles of the persons with whom this Grievance was discussed.</b>	
<b>Manager/Department Head Name:</b>	
<b>Signature:</b>	
<b>Title:</b>	
<b>Telephone # or email:</b>	<b>Date:</b>