



*Workplace Safety Grievance Procedure*  
**GRIEVANCE INITIATION**

Department of Employee Relations  
 City of Milwaukee (R. 8/12)

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

**INSTRUCTIONS:**

Under the Workplace Safety Grievance Procedure, every reasonable effort should be made by employees and supervisors to resolve workplace safety issues or concerns before a grievance is filed. If discussions with the employee supervisor do not resolve the issue, an employee may file a Grievance Initiation within five (5) working days of actual knowledge of the workplace safety concern or when the employee should have reasonably known of the concern. Please complete all required information and give original and one copy to your immediate supervisor and the Manager just above the chain of supervision at which the concern was discussed. If applicable, a copy should also be sent to the Department's Safety Specialist. Send one copy to the Department of Employee Relations, Room 706, City Hall.

<b>Employee Name:</b>	<b>Telephone #:</b>
	<b>Email:</b>
<b>Job Title:</b>	
<b>Department:</b>	
<b>Bureau or Division:</b>	
<p><b>1. What is the safety related issue or concern about which you have a grievance? Please provide the pertinent facts related to this grievance including the date of the incident or the date you became aware of the concern, the location, individuals involved, and equipment or tools involved.</b></p>	
<p><b>2. How does this safety related issue or concern present a threat of injury or illness to you or others?</b></p>	
<p><b>3. Have you discussed this safety concern with your supervisor or a Safety Specialist? Please provide name, title, date of discussion, and contact information for supervisor or Safety Specialist.</b></p>	
<p><b>4. Is there a department policy, work rule, or training requirement that is relevant to the safety issue or concern? If so, please identify the source and provide copies of relevant information.</b></p>	
<p><b>5. What do you recommend be done to resolve the workplace safety issue or concern?</b></p>	
<b>Employee Signature:</b>	<b>Date:</b>