

**CITY OF OXNARD  
GRIEVANCE FORM  
Step I**

Employee's Name: \_\_\_\_\_  
Classification: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
Represented by: \_\_\_\_\_ of: \_\_\_\_\_  
(Steward) (Employee Organization)  
Immediate Supervisor: \_\_\_\_\_

Department/Division \_\_\_\_\_

\*1. Statement of Grievance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*2. Specific Section of Memorandum of Understanding or Personnel Rules & Regulations Violated:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*3. Requested Remedy:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*4. Supervisor's Response:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*5. I (accept) (do not accept) the supervisor's response and (do not wish to appeal) (wish to appeal) the above decision. (If appeal is desired, utilize appeal form).

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor, provide an informational copy to each of the following:

- Employee
- Human Resources Director
- City Manager
- Employee Organization

\*Additional pages may be added if more space is required.

**CITY OF OXNARD  
GRIEVANCE FORM  
Step II**

TO: Department Director \_\_\_\_\_

\*1. Employee's Name: \_\_\_\_\_ I have submitted a grievance to my supervisor and received a written response on (date) \_\_\_\_\_.  
Because the response is unacceptable to me, I wish to appeal the decision. My reason for appealing is:

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\*2. Department Director's Response:

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Department Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*3. I (accept) (do not accept) the department director's response and (do not wish to appeal) (wish to appeal) the above decision. (If appeal is desired, utilize appeal form).

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department director, provide an informational copy to each of the following:

- Employee
- Human Resources Director
- City Manager
- Employee Organization

\*Additional pages may be added if more space is required

**CITY OF OXNARD**  
**GRIEVANCE APPEAL FORM**  
Step III

TO: City Manager's Representative

\*1. Employee's Name \_\_\_\_\_ I have submitted a grievance appeal to my department director and received a written response on (date) \_\_\_\_\_. Because the response is unacceptable to me, I wish to appeal the decision. My reason for appealing is:

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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*2. City Manager's Representatives Response:

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City Manager's Representatives Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*3. I (accept) (do not accept) the City Manager's representative's response and (do not wish to appeal) (wish to appeal) the above decision. (If appeal is desired, utilize appeal form).

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Manager's representative, provide an informational copy to each of the following:

Employee  
Human Resources Director  
City Manager  
Employee Organization

\*Additional pages may be added if more space is required.

**CITY OF OXNARD  
GRIEVANCE APPEAL FORM  
Step IV**

TO: City Manager

Employee's Name: \_\_\_\_\_, I have submitted a grievance appeal to the City Manager's representative and received a written response on date \_\_\_\_\_. Because the response is unacceptable to me, I wish to appeal the decision. My reason for appealing is:

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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Organization Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_