

**City of Chicago
Employee Problems Form**

Grievance No. _____

Date Filed _____

(Labor/Trade Unions)

Employee Name	Social Security No.	Title Code	Title
Department	Work Location	Work Phone	

STEP I

Have you discussed this grievance with your immediate supervisor?

Yes _____ No _____

Date of discussion _____

Statement of Grievance:

Contract Section(s) Violated:

Remedy Requested:

Employee Signature _____	Date _____	Union Representative Signature _____	Date _____
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SUBMIT TO IMMEDIATE SUPERVISOR (within 12 working days of knowledge of event)

Extension of time limits? Yes _____ No _____

Date Received _____

If yes, attach appropriate documentation.

Initials _____

STEP I RESPONSE (to be given within 5 working days of receipt):

Immediate Supervisor's Signature _____	Date _____
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STEP II APPEAL

Reason for appeal:

Employee Signature _____	Date _____	Union Representative Signature _____	Date _____
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SUBMIT TO SENIOR SUPERVISOR (Within 7 working days of Step I Response)

Extension of time limits? Yes _____ No _____

Date Received _____

If yes, attach appropriate documentation.

Initials _____

STEP II RESPONSE (To be given within 7 working days of receipt):

Senior Supervisor's Signature _____	Date _____
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COPY TO: Grievant, Union, Departmental Labor Relations Liaison