



Los Angeles County Department of Mental Health G R I E V A N C E F O R M

Employee Name _____ Employee # _____ Payroll Title _____
Address _____ City _____ Zip _____
Home Phone # () _____ Work Phone # () _____
Facility _____ Address _____ Shift _____

Description of Grievance _____

Remedy Requested _____

I Discussed the Problem With My Supervisor on (date) _____
Name & Phone # of Steward/Field Rep./Person Representing You _____
Employee's Signature _____

FOR REPRESENTED CLASSIFICATIONS, A WRITTEN GRIEVANCE MUST BE FILED IN ACCORDANCE WITH THE RESPECTIVE MOU GRIEVANCE ARTICLE. FOR NON - REPRESENTED CLASSIFICATIONS, THE LAC-DMH POLICY NUMBER 607.01 IS APPLICABLE.

LEVEL 1 IMMEDIATE SUPERVISOR Date Rec'd From Employee: _____

DECISION:

Title _____ Signature _____ Date _____

LEVEL 2 MIDDLE LEVEL MANAGEMENT Date Rec'd From Employee: _____

DECISION:

Title _____ Signature _____ Date _____

LEVEL 3 UPPER LEVEL MANAGEMENT Date Rec'd From Employee: _____

DECISION:

Title _____ Signature _____ Date _____

<u>Grievance Resolved At Level</u> _____	<u>Employee's Signature</u> _____	<u>Management Representative's Signature</u> _____	<u>Employee Representative's Signature</u> _____
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