



CITY OF VIRGINIA BEACH

EMPLOYEE GRIEVANCE FORM FOR Type B GRIEVANCES

Guidelines of Grievance Procedures

Eligibility to Utilize Grievance Procedures. All Full-time merit employees may utilize all steps of the grievance procedure process. Probationary Full-time and Part-time employees may utilize the grievance process up to and including Step Three and only to address a grievable issue other than a dismissal. However, a grievance may not be filed by an employee on any issue that is being heard or has been heard through the Open Door Policy, #4.05.

Initiating a Grievance. All grievances must be initiated **within twenty (20) consecutive calendar days** from the date of the occurrence of the grievable action or knowledge of its occurrence.

Types of Grievances.

Type A Grievances are only those that involve dismissal, demotion or suspension greater than 40 hours and may be appealed directly to the Personnel Board.

Type B Grievances are those that involve issues other than dismissal, demotion or suspension greater than 40 hours. The Grievant must complete Steps One through Three before an appeal to the Personnel Board can be made of a Type B grievance. Steps may not be waived or skipped.

Written Response at Steps Two and Three. Written response to the Grievant at Steps Two and Three should be made on City memorandum letter head and attached to the Employee Grievance Form. Contents of the response should contain the respondent's understanding of the grievance, the remedy or resolution sought by the Grievant and the response to the grievance.

Request for Determination of Grievability may be raised by either party once the grievance has been placed in writing at Step Two but before a Personnel Board hearing has been convened. The request must be in writing to the Director of Human Resources. The grievance will be held in abeyance until a decision is made regarding whether or not a matter is grievable. The City Manager or Director of Human Resources will make a determination of grievability **within ten (10) consecutive calendar days** of the receipt of the request in writing.

Noncompliance. The written notification of noncompliance by the other party must be made to the Director of Human Resources who will notify the noncompliant party. Human Resources shall notify the non-compliant party in writing of the noncompliance and allow five (5) working days to correct the noncompliance. Failure to correct the noncompliance after written notification without just cause may result in a decision in favor of the other party.

Resolution Offer. If, at any Step in the grievance procedure, a reduction in the level of discipline originally imposed is offered to, but not accepted by the Grievant, the grievance shall proceed to the next Step without a reduction in the original level of discipline. Any previous offer to reduce the discipline or otherwise reach a resolution shall not be considered at subsequent steps of the grievance.

Additional Information. Due to extenuating circumstance, the Director of Human Resources may alter the time limits. For additional information on the grievance procedure process, please refer to the Employee Grievance Policy and Procedure, #4.04, or contact Employee Relations at 385-8949.

Data Information

Directions: Employee Grievance Form is for use in a Type B grievance. Complete the data information and proceed to Step One.

NOTE: Type A Grievances may be appealed directly to the Personnel Board. However if the Grievant feels a resolution can be made at a lower level, the Grievant may elect to proceed with Steps One through Three of this form.

Grievant's Full Name: [Click here](#)

Employee ID Number: [Click here](#)

Home Address: [Click here](#)

City, State and Zip: [Click here](#)

Home Phone: [Click here](#)

Alternate Phone: [Click here](#)

Work Phone: [Click here](#)

Department/Division: [Click here](#)

Job/Title: [Click here](#)

Employment Status: [Choose an item.](#)

Nature of Grievance: [Choose an item.](#)

If Other, briefly state nature of the grievance: [Click here](#)

Date of Occurrence Which Prompted Grievance: [Click here to enter a date.](#)

Name of immediate supervisor at the time of the action/event that prompted the grievance: [Click here](#)

Resolution or remedy requested in response to the grievance: [Click here](#)

Step One – Oral Presentation of Grievance to Immediate Supervisor

Directions

1. Grievant meets with Immediate Supervisor to discuss grievance **within twenty (20) consecutive calendar days** from the date of occurrence or knowledge of occurrence which prompted the grievance.

Date Verbal Grievance Submitted to Immediate Supervisor: _____

2. Immediate Supervisor provides oral response to the requested relief the Grievant desires. The immediate supervisor may take up to 10 consecutive calendar days to reply to the grievance.

Date Immediate Supervisor Verbally Responded to Grievance: _____

3. Grievant completes the following section:

A. Did you receive the resolution or remedy you requested?

Yes No

B. Are you satisfied with the response you received?

Yes No

C. Do you wish to proceed to Step Two?

Yes; I understand that I have 10 consecutive calendar days from the date of the Immediate Supervisor's written response to initiate Step Two with my immediate supervisor.

Forward a copy of the Employee Grievance Form and any attached documents to Human Resources/Employee Relations for tracking purposes.

No; my grievance is completed. By my signature, I understand I have decided to end my grievance at Step One.

Grievant's Signature: _____ Date: _____

Forward the original Employee Grievance Form AND all original documents attached to the form to the Department of Human Resources/Employee Relations and retain a copy for your records.

Step Two – Written Grievance to Immediate Supervisor

Directions:

1. Grievant may proceed to Step Two **within ten (10) consecutive calendar days** from the date the Immediate Supervisor provided the oral response for Step One.
2. Grievant attaches a written statement of the grievance to the Employee Grievance Form. Label the statement and any supporting evidence as "Step 2 Written Grievance".
3. Grievant submits Employee Grievance Form and attached written grievance statement to the Immediate Supervisor.

Date Written Grievance Submitted to Immediate Supervisor : _____

4. **Immediate Supervisor** provides written response to the Grievant **within ten (10) consecutive calendar days** from the date in which the Grievant proceeded with Step Two. Response should be noted on official memorandum letterhead. Label the response and any supporting evidence as "Step 2 Grievance Response" and attach all documents to the Employee Grievance Form.

Immediate Supervisor's Signature: _____ Date of Response to Grievant: _____

Please forward a copy of this Employee Grievance Form and your attached documents to Human Resources/Employee Relations for tracking purposes and retain a copy for your records. Return all original documents pertaining to the grievance, including your response, to the Grievant.

5. Grievant completes the following section:

A. Did you receive the resolution or remedy you requested?

Yes No

B. Are you satisfied with the response you received?

Yes No

C. Do you wish to proceed to Step Three?

Yes; I understand that I have 10 consecutive calendar days from the date of the Immediate Supervisor's written response to initiate Step Three with my department director.

Forward a copy of the Employee Grievance Form and any attached documents to Human Resources/Employee Relations for tracking purposes.

No; my grievance is completed. By my signature, I understand I have decided to end my grievance at Step Two.

Grievant's Signature: _____ Date: _____

Forward the original Employee Grievance Form AND all original documents attached to the form to the Department of Human Resources/Employee Relations and retain a copy for your records.

Step Three – Department Director

Directions:

1. Grievant may proceed to Step Three **within ten (10) consecutive calendar days** from the date the Immediate Supervisor provided the written response in Step Two. Submit Employee Grievance Form and ALL attached documents which support the grievance to the Department Director.

Date Grievance Submitted to Department Director : _____

2. **Department Director** shall meet with the Grievant to discuss the grievance and provide a written reply **within ten (10) consecutive calendar days** from the date in which the Grievant proceeded to Step Three. Response should be noted on official memorandum letterhead. Label the response and any supporting evidence as "Step 3 Grievance Response" and attach all documents to the Employee Grievance Form.

Department Director's Signature: _____ Date: _____

Please forward a copy of this Employee Grievance Form and your attached documents to Human Resources/Employee Relations for tracking purposes and retain a copy for your records. Return all original documents pertaining to the grievance, including your response, to the Grievant.

3. Grievant completes the following section:

A. Did you receive the resolution or remedy you requested?

Yes No

B. Are you satisfied with the response you received?

Yes No

C. **Probationary Full-Time Employees and Part-Time Employees Only:** (Full-Time Merit Employees proceed to part D below)

By my signature, I understand that I have completed my grievance at the conclusion of Step Three.

Grievant's Signature: _____ Date: _____

Forward the original Employee Grievance Form AND all original documents attached to the form to the Department of Human Resources/Employee Relations and retain a copy for your records.

D. **Full-Time Merit Employees Only: Do you wish to proceed to Step Four and appeal your grievance to the Personnel Board?**

Yes; I understand that I have 10 consecutive calendar days from the date of the Department Director's response to submit this request to the Department of Human Resources/Employee Relations in order to have my grievance heard by the Personnel Board.

Furthermore, I understand that in addition to this written notification, I must report to the Department of Human Resources/Employee Relations to be briefed on the Rules and Regulations of the Personnel Board proceedings.

Grievant's Signature: _____ Date: _____

Forward the original Employee Grievance Form AND all original documents attached to the form to the Department of Human Resources/Employee Relations and retain a copy for your records.

No; my grievance is completed. By my signature, I understand I have decided to end my grievance process at Step Three.

Grievant's Signature: _____ Date: _____

Forward the original Employee Grievance Form AND all original documents attached to the form to the Department of Human Resources/Employee Relations and retain a copy for your records.

For questions regarding Grievance Policy and Procedure, #4.04, contact Human Resources/Employee Relations Division at 385-8949.