

Green Copy to Employee
Yellow Copy to Department
Pink Copy to Administration Office (Institutions, Parks, and Public Works)
White Copy to Personnel Review Board
Blue Copy to Union Local President

**SEE INSTRUCTIONS
ON REVERSE SIDE**

3

COUNTY OF MILWAUKEE
GRIEVANCE APPEAL FORM

(PLEASE PRINT OR TYPE)

_____ Date of Appeal

_____ Grievance Reference Number

APPEAL DECISION OF:

_____ Name of person responsible for answering grievance at previous step

_____ Title

_____ Date of Disposition being Appealed

FROM:

_____ Name of Grievant

_____ Title of Grievant

_____ Home Address of Grievant

_____ Grievant Home/Work Phone

_____ Shift of Grievant

_____ Normal Off Days of Grievant

REPRESENTATIVES:

1. _____

Representative Name

_____ Address

_____ Phone

2. _____

Representative Name

_____ Address

_____ Phone

3. _____

Representative Name

_____ Address

_____ Phone

_____ Signature of Grievant

Do Not Write Below This Line

HEARING ON THE ABOVE HAS BEEN SCHEDULED AS FOLLOWS:

DATE OF HEARING _____

LOCATION OF HEARING _____

TIME OF HEARING _____

NAME OF HEARING OFFICER _____

PHONE NUMBER _____