

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

2

COUNTY OF MILWAUKEE

GRIEVANCE DISPOSITION FORM

(PLEASE PRINT OR TYPE)

Date of Disposition

Grievance Reference Number

Name of Grievant

Title of Grievant

Department or Institution of Grievant

District, Division, Unit or Section of Grievant

FROM:

Signature of Person Answering Grievance

Name of Person Answering Grievance

Title of Person Answering Grievance

DECISION AND BASIS FOR DECISION: