

**CITY OF FOND DU LAC**  
**STATEMENT OF GRIEVANCE**  
(Must relate to a Work Place Safety, Discipline or Termination Issue)

**Employee-Grieving Party Information**

Name: _____	Phone No: _____
Position: _____	Department: _____
Address: _____	Hire Date: _____
_____	Employee No: _____
Supervisor: _____	Work Location: _____

**Statement of Grievance**

Date(s) of the Action creating this grievance: \_\_\_\_\_

Provide a clear and concise statement of the pertinent facts including the specific policy from the Employee Handbook or Workplace Safety Rule alleged to have been violated:

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(attach additional statement if necessary)

**Statement of Grievance  
(continued)**

Names and Contact Information of other persons involved or witnessing the alleged violation:

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Steps taken to resolve the issue/dispute and results before filing this grievance:

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Reasons why the actions of the supervisor or City should be overturned, if applicable, and desired remedy:

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**Attach to this statement a copy of all documentation related to the grievance in your possession.**

**Signatures**

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Employee-Grieving Party

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Human Resources Representative