

STEP I

City of Chicago  
Employee Problems Form  
(Public Safety—Unit II)

Grievance No. \_\_\_\_\_

Date Filed \_\_\_\_\_

Employee Name	Social Security No.	Title Code	Title
Department	Work Location	Work Phone	

Have you discussed this grievance with your immediate supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of discussion: \_\_\_\_\_

Statement of Grievance:

Contract Section(s) Violated:

Remedy Requested:

Employee Signature	Date	Union Representative Signature	Date
--------------------	------	--------------------------------	------

**SUBMIT TO IMMEDIATE SUPERVISOR** (within 5 calendar days of knowledge of event)

Extension of time limits? Yes \_\_\_\_\_ No \_\_\_\_\_

Date Received \_\_\_\_\_

If yes, attach appropriate documentation.

Initials \_\_\_\_\_

STEP I RESPONSE (to be given within 5 calendar days of receipt):

Immediate Supervisor's Signature	Date
----------------------------------	------

STEP II

City of Chicago  
Employee Problems Form  
(Public Safety—Unit II)

Grievance No. \_\_\_\_\_

Date Appealed \_\_\_\_\_

Employee Name	Social Security No.	Title Code	Title
Department	Work Location	Work Phone	

ATTACH copy of Step I response.

STEP II APPEAL  
Reason for appeal:

Employee Signature	Date	Union Representative Signature	Date
--------------------	------	--------------------------------	------

SUBMIT TO SENIOR SUPERVISOR (within 7 calendar days of Step I Response)

Extension of time limits? Yes\_\_\_ No\_\_\_

Date Received \_\_\_\_\_

If yes, attach appropriate documentation.

Initials \_\_\_\_\_

STEP II RESPONSE (To be given within 7 calendar days of receipt):

Senior Supervisor's Signature	Date
-------------------------------	------

