



CITY OF PETERSBURG GRIEVANCE FORM

Grievant's First Name: _____ Last Name: _____

Complete Home Address: _____

Contact Telephone No: _____ Email Address: _____

Job Title: _____ Department: _____

Date of Alleged Incident: _____ Nature of Grievance _____

Specific Relief Requested _____

First Step Response _____

SUPERVISOR

DATE

Acceptable _____ Not Acceptable _____

GRIEVANT

DATE

GRIEVANT

DATE

Second Step Response _____

MANAGEMENT

DATE

Acceptable _____ Not Acceptable _____

GRIEVANT

DATE

GRIEVANT

DATE

Third Step Response _____

MANAGEMENT

DATE

Acceptable _____ Not Acceptable _____

GRIEVANT

DATE

GRIEVANT

DATE