



**OFFICIAL VENTURA COUNTY GRIEVANCE FORM**  
 Applicable to Employees in VEA

Name: \_\_\_\_\_ Classification: \_\_\_\_\_

Department: \_\_\_\_\_

Business Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Designated Representative: \_\_\_\_\_

**Informal Complaint with Supervisor.** Before completing this form, an *informal discussion* with your immediate supervisor must take place.

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date discussion held: \_\_\_\_\_

Date of Supervisor's oral response: \_\_\_\_\_

**Step 1: Formal Complaint with Supervisor.**

Describe grievance: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of incident(s): \_\_\_\_\_

State rule, procedure, policy or memorandum provision violated: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Requested solution: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First level supervisor's findings and proposed solutions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I accept the proposed decision

I reject the proposed decision

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Step 2: Formal Complaint with Division Head**

Date grievance received: \_\_\_\_\_ Date of grievance meeting: \_\_\_\_\_

Division Head's findings and proposed solution: \_\_\_\_\_

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Division Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I accept the proposed decision.

I reject the proposed decision for the following reason(s):

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Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Step 3: Formal Complaint with Department Head**

Date grievance received \_\_\_\_\_ Date of grievance meeting: \_\_\_\_\_

Department Head's findings and proposed solution: \_\_\_\_\_

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Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Step 4: On behalf of VEA, I request this grievance be submitted to arbitration.**

Authorized Signature of VEA \_\_\_\_\_ Date \_\_\_\_\_

Original to: Human Resources Division  
Copies to: Department  
Employee  
VEA