

GRIEVANCE FORM

SCOTTS VALLEY FIRE PROTECTION DISTRICT

Shift _____ Date _____ Time _____ hrs.

Name _____ Rank/Position _____

Supervisor _____

Nature of Grievance _____

Employee _____ Representative _____
(signature) *(signature)*

Distribution of Copies

- Original - Employee
- 1st Copy - Supervisor
- 2nd Copy - Division Chief
- 3rd Copy - Fire Chief