STEP I
City of Chicago
Employee Problems Form
Grievance No. ____________________
Date Filed ____________________

(Public Safety—Unit II)

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.

Initiate ____________________

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

Immediate Supervisor’s Signature Date

COPY TO: Grievant, Union, Departmental Labor Relations Liaison — PER-100
**City of Chicago**  
Employee Problems Form  
(Public Safety—Unit II)

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Social Security No.</th>
<th>Title Code</th>
<th>Title</th>
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<tr>
<th>Department</th>
<th>Work Location</th>
<th>Work Phone</th>
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ATTACH copy of Step I response.

**STEP II APPEAL**  
Reason for appeal:

<table>
<thead>
<tr>
<th>Employee Signature</th>
<th>Date</th>
<th>Union Representative Signature</th>
<th>Date</th>
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**SUBMIT TO SENIOR SUPERVISOR** (within 7 calendar days of Step I Response)  
Extension of time limits? Yes   No

If yes, attach appropriate documentation.

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

<table>
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<tr>
<th>Senior Supervisor’s Signature</th>
<th>Date</th>
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COPY TO: Grievant, Union, Departmental Labor Relations Liaison
STEP III

City of Chicago
Employee Problems Form

(Public Safety—Unit II)

Employee Name

Social Security No.

Title Code

Title

Department

Work Location

Work Phone

ATTACH Copies of Step I and Step II responses.

STEP III APPEAL
Reason for Appeal:

Employee Signature

Date

Union Representative Signature

Date

SUBMIT TO DEPARTMENT HEAD (within 7 calendar days of Step II response)

Extension of time limits? Yes_____ No_____

If yes, attach appropriate documentation.

STEP III RESPONSE (To be given within 7 calendar days of receipt.)

Department Head Signature

Date

COPY TO: Grievant, Union, Departmental Labor Relations Liaison

PER-108