

**APPENDIX E**

**EMPLOYEE GRIEVANCE FORM  
CAMBRIA COMMUNITY SERVICES DISTRICT**

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Statement of grievance, including specific reference to any law, policy, rule, regulation and/or instruction deemed to be violated, misapplied or misinterpreted:

Circumstances involved:

Decision rendered by the Informal conference:

Specific remedy sought: