



**ADMINISTRATIVE APPEAL FORM**  
NON-DISCIPLINARY MATTERS

EMPLOYEE NAME: \_\_\_\_\_ DATE OF APPEAL: \_\_\_\_\_

POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

**COMPLAINT/PROBLEM**

EXPLAIN FULLY AND BE SPECIFIC.

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

WHAT WOULD YOU LIKE DONE?

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

**STEP ONE**

IMMEDIATE SUPERVISOR: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ DATE HEARD: \_\_\_\_\_

DECISION: \_\_\_\_\_

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

*I have read the decision and: \_\_\_\_\_ Accept the decision  
\_\_\_\_\_ Request further consideration by the department director/division administrator*

COMMENT: \_\_\_\_\_

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

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**STEP TWO**

DIRECTOR/ADMIN: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ DATE HEARD: \_\_\_\_\_

DECISION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have read the decision and: \_\_\_\_\_ Accept the decision  
\_\_\_\_\_ Request further consideration by the City Administrator*

COMMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**STEP THREE**

CITY ADMINISTRATOR: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ DATE HEARD: \_\_\_\_\_

DECISION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have read the final decision.*  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

COMMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_