

THE COUNTY OF RIVERSIDE

(THIS PETITION MUST BE LEGIBLE)

GRIEVANCE PETITION

PETITION NUMBER: _____

EMPLOYEE SECTION

Grievance Occurrence Date(s)	Informal Discussion Date(s)	Employee Name, Address and Phone Group Grievance
On or around December 14, 2016	Ongoing conversation with management regarding these concerns.	
Informal Discussed with Whom	Employee Representative	
NA	David Blanchard /Eddie Sanchez	
Department or Agency	Union/Association	
URHS Hemet Clinic	SEIU 721	
Grievant's Class Title Including but not limited to Behavioral Health Specialists, LVN's, RN's, Clinical Therapists, Physician Assistants, Supervising Office Assistant, SSA and any other classification which are employed at this facility or who may be assigned to work at this facility.	Immediate Supervisor's Name and Phone	
	Pat Henry	

A) Employee Grievance. Give an example of the specific action that caused you harm or inequity:

On or about December 14, 2016 an employee of the County of Riverside was attacked at its facility and faced potential harm and serious injury because of a lack of proper security measures in place to ensure the safety of all employees working at this facility, and the patients they serve.

The employees at this facility are working in serious fear of suffering a violent attack that may lead to death while on the job. They longer feel safe.

B) Specific section of Ordinance, Memorandum of Understanding, etc. relied upon or claimed to have been violated, if any:

Under Article 3 **FULL UNDERSTANDING, MODIFICATION AND WAIVER**. The Union contents that management has failed in its obligation as stated in Article 3 section E second paragraph "to establish and enforce safety measures to protect employee and/or the public;" **Emphasis added**

C) Remedy or action desired from the County:

Under Article 13 Grievance Procedure, as well as, any other Articles, laws, policies and ordnances which may be applicable The Union is seeking that the employer immediately but no later than fifteen (15) days from date of notification implement proper safety measures including but not limited to adding additional security personnel, constructing a gated and secured perimeter and additional or new safety monitoring cameras to ensure the safety of all employees working at this facility.

Signed by Employee:



Date Signed:

12/15/16

DEPARTMENT SECTION

First Step Meeting Date	In Attendance

D) After consideration in Step One of the Grievance Procedure, the Department disposition is a follows:

Signed by Department Head or Delegate:

EMPLOYEE/ASSOCIATION ONLY

Date Signed:

ACCEPTED/REJECTED (Circle One)

Signed by Employee or Employee Representative

Date Signed: