

**City of Pine Bluff Uniformed
Appeal Form**

Appeals must be made within ten (10) days after notification by the chief of said disciplinary action.

Employee's Name _____ Date of Hire: _____

Employee's Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Rank: _____ Division: _____

Attendee: _____

Department:

☐ Fire

☐ Police

Reason for Appeal:

☐ Suspension

☐ Reduction in Rank and Pay

☐ Dismissal

Date of Action: _____

Explanation of Appeal: _____

(attach additional paper if needed)

Signature

Date