

Grievance Form

Grievance # \_\_\_\_\_ Date filed: \_\_\_\_\_

Grievant(s): \_\_\_\_\_

Department/area or unit: \_\_\_\_\_ Shift: \_\_\_\_\_

Title and/or position: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work ph. \_\_\_\_\_ Home ph. \_\_\_\_\_ Cell ph. \_\_\_\_\_

Employer: \_\_\_\_\_ Immediate supervisor: \_\_\_\_\_

Statement of grievance:

Contract provisions violated: \_\_\_\_\_

Relief requested:

Signatures: \_\_\_\_\_  
GRIEVANT BARGAINING UNIT REPRESENTATIVE

Employer response:

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grievant's reasons for rejection:

Acceptance:  yes  no – appeal to next step

Grievant's signature: \_\_\_\_\_ Date: \_\_\_\_\_