

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: _____