GRIEVANCE FORM

Name of Grievant: ____________________________________________

Work Unit: ___________________________ Department: ___________________________

Date: ___________________________ Name of Steward: ___________________________

Nature of Grievance: ____________________________________________

________________________________________________________________________

________________________________________________________________________

(attach additional sheets if needed)

Settlement Desired: ____________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Employee: ____________________________________________

STEP 1
Date Submitted: ___________ Submitted to: ___________
Date of Response: ______________ Was Grievance Resolved? Yes/No

STEP 2
Date Submitted: ___________ Submitted to: ___________
Date of Response: ______________ Was Grievance Resolved? Yes/No

STEP 3
Date Submitted: ___________ Submitted to: ___________
Date of Response: ______________ Was Grievance Resolved? Yes/No

STEP 4
Date Submitted: ___________ Submitted to: ___________
Date of Response: ______________ Was Grievance Resolved? Yes/No

UNION USE ONLY
Date submitted for arbitration: ___________ Local# ___________ Name of arbitrator: _____________________________