

# LiUNA!

*Feel the Power*

## 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: \_\_\_\_\_