

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: _____