

GRIEVANCE FORM FACT SHEET

(Pages 1 & 2 must be completed for submission)

PARTY FILING GRIEVANCE

CONTRACTOR

NAME

vs.

NAME

ADDRESS/PHONE

ADDRESS/PHONE

PROJECT INFORMATION

Name of Project: _____

Location of Project: _____

Date grievance occurred: _____

Agreement under which contractor is working: _____

Applicable agreement provisions allegedly violated (be specific): _____

Brief statement of facts: _____

Remedy sought: _____

Has the opposing party been forwarded a copy of this grievance? Yes No Date: _____

Individual submitting: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

GRIEVANCE MEETINGS

Briefly state in the space provided the following pertinent facts:

Date of meeting, including; whether in person or telephonic, location, those in attendance, issues of discussion, and if any agreement or consensus was reached.

STEP 1. (date) _____ location _____

STEP 2. (date) _____ location _____

STEP 3. (date) _____ location _____

Attach Supporting Documentation and Return to your Regional Office