

Grievance Form

Check one box: Individual Grievance Class Action Grievance

Name(s) of Employee(s) _____ Classification _____

OR

Class Action filed for the following classification(s): _____

Location _____ Department _____

Immediate Supervisor _____ Title _____

Discussed with Immediate Supervisor on _____ (Date)

Instructions: A formal grievance may be filed when the matter or difference is still unresolved after discussing it with the immediate supervisor. Complete this form and present it to the supervisor. A copy with the departmental reply will be returned to you and your appropriate representative.

Grievance concerns contract with Local Union _____ Article _____ Section _____

Statement of Grievance: _____

Remedy Sought: _____

Step

Submitted to Management by _____ Date _____

Received by _____ Date _____

Departmental Reply:

By _____ Date _____ Title _____

Step

Submitted to Human Resources by _____ Date _____

Received by _____ Date _____