



GRIEVANCE FORM

Name: _____ Phone: _____ Emp #: _____

Station: _____ Date: _____ Email: _____ DOH: _____

Appeal of Discipline: ___ or Article(s) of Contract _____ Grievance #: _____

Statement of Grievance:

Remedy Sought:

I authorize the Union to examine my employee files relevant to the grievance: _____ (Initials)	Grievant Signature: _____
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Management Receipt of Grievance-Signature/Date:

Management Hearing Response:

Date:	Management Signature:
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Appeal to System Board of Adjustment:(Yes or No) _____ Date: _____

To Be Filled Out By Union Representative ONLY

Print Name: _____

Email: _____ Phone: _____

Signature of Union Representative: _____ Date: _____

At each step provide a copy to management, the grievant and the Union.