GRIEVANCE FORM

Grievance Number (assigned by Labor Relations):

Last Name:	First Name:	
Employee ID #:	Local Union:	Termination: Yes ☐ No ☐
Department/ Classification:	Supervisor:	
Date/ Time of Discussion:	Date Filed First Step:	
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Work Location:	Personal E-mail:	

Affected Articles and Sections of the MOA									
Article		Article		Article		Article		Article	
Section		Section		Section		Section		Section	
(and any other article, MOC, MOU, policy, or procedure that may apply)									

Group or Employee Affected	
Date/Time of Incident	

Grievance Basis:

Requested Resolution:

Signature

GRIEVANCE FORM

Grievance and Resolution Continued: