GRIEVANCE FORM

DATE: __________

Level (check one): ONE____  TWO____  THREE____

NAME OF GRIEVANT: ______________________  Assignment: ______________________

Date of occurrence giving rise to the grievance: ______________________

Citation of Negotiated Agreement Article and/or Section(s) alleged to have been violated: __________

Statement of Grievance: ____________________________________________________________

________________________________________________________________________________

Relief Sought: ____________________________________________________________________

________________________________________________________________________________

Signature of Grievant: ______________________  Date: __________

Decision: ________________________________________________________________________

________________________________________________________________________________

_____________________________________________  ________________
Signature and Title  Date

(If additional space needed to complete any portions(s) of this form, attach and properly identify additional pages).