



If you believe that an action is in violation of your contract and has not received a satisfactory solution, complete this form, include any accompanying attachments and follow contract guidelines for submission. Your Union Steward should be present during all discussions of your grievance with the Supervisor.

Name of Aggrieved \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Hire \_\_\_\_\_ Employer \_\_\_\_\_

Department/ Occupation \_\_\_\_\_ Wage Rate \$ \_\_\_\_\_ per \_\_\_\_\_ Shift \_\_\_\_\_

Status:    Full-Time    Part-Time    Contingent

**Signature** \_\_\_\_\_ **Date/Time Presented to**  
**Steward** \_\_\_\_\_

**Grievance**

(Please describe the incident that violated the contract, specifying the Article/Section/Policy violated)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please add additional articles where applicable \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resolution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work-site Leader Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



First Employer Response \_\_\_\_\_

Second Employer Response \_\_\_\_\_

Third Employer Response \_\_\_\_\_

Action Accepted Y/N \_\_\_\_\_

Proceed with Grievance Y/N \_\_\_\_\_

This grievance has been withdrawn Y/N \_\_\_\_\_

This grievance has been settled to my satisfaction by SEIU Healthcare Michigan  
Y/N \_\_\_\_\_

Grievant Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_