



**GRIEVANCE FORM**

Chapter/Facility \_\_\_\_\_

Grievant \_\_\_\_\_

Phone \_\_\_\_\_

Department \_\_\_\_\_

Classification \_\_\_\_\_

Steward \_\_\_\_\_

Date Filed \_\_\_\_\_

Articles/Sections Violated: \_\_\_\_\_ and all other relevant sections.

Statement of Grievance \_\_\_\_\_  
\_\_\_\_\_

Remedy Sought \_\_\_\_\_

Grievant Signature: \_\_\_\_\_

Steward Signature: \_\_\_\_\_

Received by Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Step One Response \_\_\_\_\_  
\_\_\_\_\_

Received by Union Rep \_\_\_\_\_ Date \_\_\_\_\_

Is Answer Satisfactory?    Yes    No    Date Filed to Step Two \_\_\_\_\_  
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Received by Dept. Head \_\_\_\_\_ Date \_\_\_\_\_

Step Two Response \_\_\_\_\_  
\_\_\_\_\_

Is Answer Satisfactory?    Yes    No    Date Filed to Step Three \_\_\_\_\_  
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Received by HR \_\_\_\_\_ Date \_\_\_\_\_

Step Three Response \_\_\_\_\_  
\_\_\_\_\_

Settled at Step \_\_\_\_\_ Date: \_\_\_\_\_

Terms (or see attached): \_\_\_\_\_

Signed by (Grievant): \_\_\_\_\_

Signed by (Steward or Union Rep): \_\_\_\_\_

Signed by (Employer) \_\_\_\_\_