Grievance Form

Name of Grievant:_________________________ 
Work Unit:_________________   Department:_____________________
Date:______________    Name of Steward:_________________
Nature of Grievance:____________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
(attach additional sheets if needed)
Settlement Desired:_____________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Signature of Employee:__________________________

Step 1
Date Submitted:___________
Submitted to:_____________
Date of Response:________
Was Grievance Resolved? Yes/No

Step 2
Date Submitted:___________
Submitted to:_____________
Date of Response:________
Was Grievance resolved? Yes/No

Step 3
Date Submitted:___________
Submitted to:_____________
Date of Response:________
Was Grievance Resolved? Yes/No

Step 4
Date Submitted:___________
Submitted to:_____________
Date of Response:________
Was Grievance resolved? Yes/No

UNION USE ONLY
Date submitted for arbitration:_______________   Local#__________
Name of arbitrator:__________________________