

COLLECTIVE BARGAINING AGREEMENT

GRIEVANCE FORM

Employee's Name _____ Class Title _____

Business Address _____ Department _____

_____ Division _____

Business Telephone _____ Unit _____

Social Security Number _____ Bargaining Unit _____

NATURE OF GRIEVANCE

(involving interpretation or application of specific provisions of Agreement)

DATE ACT OR CONDITION OCCURRED: _____

SECTION OF AGREEMENT: (which has allegedly been violated)

RELIEF REQUESTED:

IF REPRESENTATIVE DESIRED—Name of My Representative: _____

Business Telephone: _____

FOR GROUP GRIEVANCES ONLY—I have been designated by the following named employees to act as spokes-person and be responsible for processing the above grievance in their behalf:

SIGNED _____ Date Submitted _____

SUBMITTED TO: Name _____ Class Title _____

(If space is insufficient to write complete information, attach a separate sheet.)

White CITY OFFICIAL—Step 1 2 3 *
Yellow Representative (if any)
Pink Employee

*Circle appropriate step