

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