To: Human Resources Manager/Assistant Director

Type of Grievance: Individual  Class Action

Affected Class of Employee(s): __________________________________________

Name and Title of Union Official filing grievance: ________________________

Employee Name (if applicable): _______________________________________

Date of Individual Incident or Discipline; or,
  date incident known by the Union: ______/_____/_______

Article(s) Violated: ___________________________________________________

Specific reason how article was violated:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Remedy desired:
____________________________________________________________________
____________________________________________________________________

________________________________                                    ______/_____/_______
Employee Signature                                         Date

________________________________                                    ______/_____/_______
Union Officer                                                Date

HUMAN RESOURCES USE ONLY:

Log Number: ______-_______-_______     Date Received:
  (Place stamp here)

Distribution:     White-Human Resources  Yellow-Union  Pink-Employee  Goldenrod-Union (prior to log in)

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