



PALM TRAN
and
SEIU, Florida Public Services Union, CtW, CLC
GRIEVANCE FORM

Date of Grievance: _____

Grievant's Name: _____

Department: _____

❖ Within ten (10) days from the time the act occurred

Date of Individual Incident that gave rise to the Grievance

or Time Discipline was Imposed: ____/____/____

Article(s) Violated: _____

Specific reason(s) how article was violated:

Remedy Desired: _____

SUPPORTING DOCUMENTATION PROVIDED: _____

HUMAN RESOURCES USE ONLY

Log Number: ____/____/____

Date Received:

(Place stamp here)