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)