

COMPLAINT UNDER GRIEVANCE PROCEDURE

GRIEVANCE NUMBER:

STEP:

NAME OF EMPLOYEE:

JOB CLASSIFICATION:

NAME OF SUPERVISOR:

STATEMENT OF GRIEVANCE

CIRCUMSTANCES:

Date:

Location:

NATURE OF OCCURRENCE:

APPLICABLE SECTION OF AGREEMENT:

DATE TO MANAGEMENT: _____

EMPLOYEE SIGNATURE: _____ STEWARD: _____

STATEMENT BY SUPERVISOR

WAS AGREEMENT REACHED: _____ DATE TO STEWARD: _____

SUPERVISOR SIGNATURE: _____