



GRIEVANCE

Facility: _____

Date: _____

Department/Workplace:

Subject of Grievance: _____

Name of Grievant(s): _____

Grievance/Violation (specify Article or Section violated), including but not limited to:

Basic Facts of Incident: (Who, What, When, Where):

Desired Remedy:

Sign and Date

***Please see information request on next page.**

In order to investigate the Union is requesting the following information by _____

The union reserves the right to request additional information in order to investigate this grievance.

Yes: Arbitrate

No: CTP

Grievant:

Date of hire:

Position:

Employer:

MAC IO:

Field IO:

Type of Case:

Previous Disciplines:

Summary of the case:

Employer found: (Arguments, proof, witnesses, documents)

What the Union found: (Arguments, proof, witnesses, documents)

Performance Reviews: