

COMPLAINT UNDER GRIEVANCE PROCEDURE

GRIEVANCE NUMBER: _____

STEP: _____

NAME OF EMPLOYEE: _____

JOB CLASSIFICATION: _____

NAME OF SUPERVISOR: _____

STATEMENT OF GRIEVANCE

CIRCUMSTANCES:

Date: _____

Time: _____

Location: _____

NATURE OF OCCURRENCE:

APPLICABLE SECTION OF AGREEMENT:

(see attached sheets)

DATE TO MANAGEMENT: _____

EMPLOYEE SIGNATURE: _____

STEWARD: _____

STATEMENT OF SUPERVISOR

WAS AGREEMENT REACHED: _____ **DATE TO STEWARD:** _____

SUPERVISOR SIGNATURE: _____