AFSCME LOCAL _____

STEP _____

OFFICIAL GRIEVANCE FORM

NAME OF EMPLOYEE _____ DEPARTMENT _____

CLASSIFICATION _____

WORK LOCATION _____ IMMEDIATE SUPERVISOR _____

TITLE _____

STATEMENT OF GRIEVANCE:

List applicable violation: _____

Adjustment required: _____

I authorize the A.F.S.C.M.E. Local _____ as my representative to act for me in the disposition of this grievance

Date _____ Signature of Employee _____

Signature of Union Representative _____ Title _____

Date Presented to Management Representative _____

Signature _____ Title _____

Disposition of Grievance: _____

THIS STATEMENT OF GRIEVANCE IS TO BE MADE OUT IN TRIPLICATE. ALL THREE ARE TO BE SIGNED BY THE EMPLOYEE AND/OR THE AFSCME REPRESENTATIVE HANDLING THE CASE.

ORIGINAL TO _____

COPY _____

COPY: LOCAL UNION GRIEVANCE FILE

NOTE: ONE COPY OF THIS GRIEVANCE AND ITS DISPOSITION TO BE KEPT IN GRIEVANCE FILE OF LOCAL UNION.

GRIEVANCE FACT SHEET

This form is to be used by the steward to aid in investigating a grievance. The FACT SHEET outlines the information that will be necessary to develop a strong case. Use additional pages to document all the details.
DO NOT TURN THIS FORM INTO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY.

GRIEVANT_____DEPARTMENT_____

CLASSIFICATION_____DATE OF HIRE_____

DATE OF CLASSIFICATION_____WORK LOCATION_____

What Happened? Also describe incidents which gave rise to the grievance.

_____

_____

_____

_____

_____

Who was involved? Give names and titles (include witnesses)_____

_____

When did it occur? Give day, time, date(s)_____

_____

Where did it occur? Specific locations_____

_____

Why is this a grievance? What is management violating: contract, rules and regulations, unfair treatment, existing policy, past practice, local, state, federal laws, etc.

_____

_____

_____

What adjustment is required? What must management do to correct the problem?

_____

_____

Additional comments. Use reverse side if needed_____

_____

_____

_____

GRIEVANT'S SIGNATURE_____ _____DATE_____

STEWARD_____DATE_____

GRIEVANT'S CONTACT INFOMATION:

PHONE_____ E-MAIL_____