

APPENDIX 1
GRIEVANCE FORM

Name of Grievant(s): _____

Work Location: _____

Classification(s): _____

Immediate Supervisor(s): _____

Date Grievance Occurred: _____

Date of Informal Discussion (If Any): _____

A. **STATEMENT OF GRIEVANCE:** (Set forth a clear and concise description of the grievance. Specify all provisions of the Agreement alleged to be violated, misinterpreted or misapplied. The grievant(s) may specify additional provisions submitting a written supplement to this Form prior to the start of the Step 2 meeting. Any provisions not identified in writing prior to the start of the Step 2 meeting as having been violated, misinterpreted, or misapplied may not be raised later in the grievance procedure.):

B. **RELIEF SOUGHT:**

Signature(s) of Grievant(s)

Signature of Person Receiving Grievance
at Initial Filing

Date

Date