

# Grievance Form

Grievant Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Position and Site: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home email: \_\_\_\_\_

1. WHAT is the complaint: \_\_\_\_\_

\_\_\_\_\_

2. WHICH provisions are impacted? (Cite specific contract Articles and Sections):

\_\_\_\_\_

3. WHEN did the incident occur (date)? \_\_\_\_\_

4. WHERE did the incident occur? \_\_\_\_\_

5. WHO is involved? \_\_\_\_\_

Administrator: \_\_\_\_\_

Witnesses: \_\_\_\_\_

6. HOW have you been affected? \_\_\_\_\_

\_\_\_\_\_

7. WHAT remedy are you seeking? \_\_\_\_\_

\_\_\_\_\_

## FOR GRIEVANCE TEAM ONLY:

1. Grievable? Y      N

2. Are we within the grievance time lines? Y      N

3. What is the last day we can file the grievance? \_\_\_\_\_