



AGENCY USE ONLY
 GRIEVANCE
 NUMBER _____

GRIEVANCE FORM
 THIS GRIEVANCE IS FILED UNDER THE PROVISIONS OF THE COLLECTIVE BARGAINING
 AGREEMENT

Grievant's Name LAST		FIRST	MI	Contact Telephone #
Address to Which Grievance Response Must be Mailed.				
Position Title, Series, Grade, and Duty Station			District Office	Circuit Name
Date of Alleged Violation	Management Official's Name Against Whom Grievance Made		Local Number	Council Name

GRIEVANCE DESCRIPTION – Nature of the grievance (reason for dissatisfaction), including dates, applicable law(s), rule(s), regulation(s), Collective Bargaining Agreement Article(s) allegedly violated, names and addresses of witnesses where applicable may be included, and supporting documents and evidence. (Attach additional pages as necessary)

EFFORTS TO RESOLVE – written description of verbal and written supervisory decisions and why those decisions were not acceptable

CORRECTIVE ACTION DESIRED

Grievant Signature	Date
Union Representative's Signature (if represented)	Filing Date
Print Union Official Name, Title, and Location	Telephone No.