

Grievance Number _____



LOCAL 1000, AFSCME, AFL-CIO

GRIEVANCE FORM

Name: _____

Date of Hire: _____

Home Address: _____

Social Security Number: _____

Home Phone: _____

Department _____

Job Title: _____

Name of Supervisor: _____

STEP 1

Contract Articles Violated or involved: _____

Date of Occurrence: _____

Statement of Facts (include name, dates, what happened): _____

Remedy Sought: _____

Date submitted _____

Grievant's Signature: _____