



Grievance # \_\_\_\_\_

Administrative Policy 12.8A

# OFFICIAL GRIEVANCE FORM

Date: \_\_\_\_\_

Name of Grievant(s): \_\_\_\_\_

Department/Division: \_\_\_\_\_ Facility: \_\_\_\_\_

Job Classification: \_\_\_\_\_

Statement of grievance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy sought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the specific Article and Section number(s) of the Contract you believe were violated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Grievant signature

\_\_\_\_\_  
Steward/Union Representative signature

Received by Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Date preliminary step response given by immediate supervisor: \_\_\_\_\_

Grievant/Union response if dissatisfied with immediate supervisor's decision and continuing grievance (attach additional comments):

\_\_\_\_\_

Signature of Union Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Date filed at Step 1 (within 10 days of preliminary step decision): \_\_\_\_\_

Received by (name of Step 1 Administrator): \_\_\_\_\_ Title: \_\_\_\_\_

Date received: \_\_\_\_\_ Date of Step 1 meeting (within 10 calendar days of file date): \_\_\_\_\_

Date response given by Step 1 Administrator (within 14 calendar days of receipt): \_\_\_\_\_

Signature of Step 1 Administrator: \_\_\_\_\_

Grievant/Union response if dissatisfied with Step 1 Administrator's decision and continuing grievance (attach additional comments):  
\_\_\_\_\_

Signature of Union Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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Date filed at Step 2 (within 14 days of receipt of preliminary Step 1 decision): \_\_\_\_\_

Received by (name of Step 2 Administrator): \_\_\_\_\_ Title: \_\_\_\_\_

Date received: \_\_\_\_\_ Date of Step 2 meeting (within 10 calendar days of receipt): \_\_\_\_\_

Date response given by Step 2 Administrator (within 14 calendar days of receipt): \_\_\_\_\_

Signature of Step 2 Administrator: \_\_\_\_\_

Grievant/Union response if dissatisfied with Step 2 Administrator's decision and continuing grievance (attach additional comments):  
\_\_\_\_\_

Signature of Union Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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Witnesses, documents, or other evidence needed for Step 3: \_\_\_\_\_  
\_\_\_\_\_

Date filed at Step 3 (within 14 calendar days of receipt of Step 2 decision): \_\_\_\_\_

Received by (name of Step 3 Administrator): \_\_\_\_\_ Title: \_\_\_\_\_

Date received: \_\_\_\_\_ Date of Step 3 meeting (within 15 calendar days of receipt): \_\_\_\_\_

Date response given (within 30 calendar days of receipt of grievance form): \_\_\_\_\_

Signature of Step 3 Administrator: \_\_\_\_\_

Signature of Union Representative: \_\_\_\_\_ Date: \_\_\_\_\_