

Grievance Form

To: _____

Grievance Step _____

Aggrieved employee (or group) _____

Home Address _____

Home Phone _____

One copy each to:

- Management
- Employee
- Union office
- Shop Steward's Copy
- Group Grievance

Civil Service Title _____

Dept. or Agency _____

Work Location _____

Work Phone _____

NATURE OF GRIEVANCE (CITE CONTRACT CLAUSE OR RULE OR REGULATION VIOLATED)

REMEDY SOUGHT _____

*District Council 37, American Federation of State, County & Municipal Employees, AFL-CIO
125 Barclay St., New York, New York 10007*

Local Union Number _____ Union Representative or Steward's signature _____

Date _____ Employee's signature _____

ACTION TAKEN (Summarize, or attach the management's reply. If more room is needed, continue on back of this sheet.) Date _____

(Supervisor)

