

GRIEVANCE INITIATION

File No. _____
Association/Union _____
Unit _____
For management use only

INSTRUCTIONS

Complete form and distribute in accordance with prescribed departmental procedures.

Grievant's Name (Please Print)	Class Title	
Dept./Bureau and Division	Section	Business Phone
Has this grievance been discussed with your Immediate Supervisor?	Date of discussion	
Name of Immediate Supervisor	Title	

What is the action or situation which you have a grievance? (Be specific as to names, dates and locations.)

What do you think should be done about it?

What was the Supervisor's response?

What article of applicable Memorandum of Understanding (MOU) and/or Departmental Work Rules do you think have been violated?

Article of MOU	Departmental Work Rule	Date of Grievable Incident
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What other person, besides yourself, do you want notified of any hearings held or actions taken on this grievance?

Name _____ Mailing Address _____

His/Her role in grievance Labor Representative

Grievant's Signature	Date
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Received by: _____

Immediate Supervisor's Signature _____ DATE _____