



AFSCME LOCAL \_\_\_\_\_

STEP \_\_\_\_\_

# OFFICIAL GRIEVANCE FORM

NAME OF EMPLOYEE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

WORK LOCATION \_\_\_\_\_ IMMEDIATE SUPERVISOR \_\_\_\_\_

TITLE \_\_\_\_\_

### STATEMENT OF GRIEVANCE:

List applicable violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adjustment required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I authorize the A.F.S.C.M.E. Local \_\_\_\_\_ as my representative to act for me in the disposition of this grievance**

Date \_\_\_\_\_ Signature of Employee \_\_\_\_\_

Signature of Union Representative \_\_\_\_\_ Title \_\_\_\_\_

Date Presented to Management Representative \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Disposition of Grievance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS STATEMENT OF GRIEVANCE IS TO BE MADE OUT IN TRIPLICATE. ALL THREE ARE TO BE SIGNED BY THE EMPLOYEE AND/OR THE AFSCME REPRESENTATIVE HANDLING THE CASE.**

ORIGINAL TO \_\_\_\_\_

COPY \_\_\_\_\_

COPY: LOCAL UNION GRIEVANCE FILE

**NOTE: ONE COPY OF THIS GRIEVANCE AND ITS DISPOSITION TO BE KEPT IN GRIEVANCE FILE OF LOCAL UNION.**



# GRIEVANCE FACT SHEET

This form is to be used by the steward to aid in investigating a grievance. The FACT SHEET outlines the information that will be necessary to develop a strong case. Use additional pages to document all the details.  
**DO NOT TURN THIS FORM INTO MANAGEMENT. THIS INFORMATION IS FOR THE UNION'S USE ONLY.**

GRIEVANT \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
CLASSIFICATION \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_  
DATE OF CLASSIFICATION \_\_\_\_\_ WORK LOCATION \_\_\_\_\_

**What Happened?** Also describe incidents which gave rise to the grievance.

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**Who was involved?** Give names and titles (include witnesses) \_\_\_\_\_

**When did it occur?** Give day, time, date(s) \_\_\_\_\_

**Where did it occur?** Specific locations \_\_\_\_\_

**Why is this a grievance?** What is management violating: contract, rules and regulations, unfair treatment, existing policy, past practice, local, state, federal laws, etc.

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**What adjustment is required?** What must management do to correct the problem?

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**Additional comments.** Use reverse side if needed \_\_\_\_\_

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GRIEVANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STEWARD \_\_\_\_\_ DATE \_\_\_\_\_

GRIEVANT'S HOME ADDRESS \_\_\_\_\_

**NOTE: A COPY OF THIS FORM TO BE COMPLETED BY STEWARD OR OFFICER FILING GRIEVANCE AND TO BE TURNED IN TO LOCAL GRIEVANCE FILE ALONG WITH COPY OF GRIEVANCE AND DISPOSITION.**