Grievance Worksheet

UNION GRIEVANCE NUMBER:				
DATE OF APPEAL:				
GRIEVANT'S NAME AND DUTY LOCATION				
WORKSITE ADDRESS	CITY & STATE	ZIP		
JOB TITLE/SERIES/LEVEL:	SERVICE COMP DATE:			
REGIONAL or LINE OFFICE:	CITY & STATE	ZIP		
PAST DISCIPLINARY RECORD (IF RELEVANT)				
•				
VIOLATION OR RELEVANT				
ALLEGATIONS (ARTICLE &				
SECTION OF CBA OR				
REGULATION):				
FACTS OF GRIEVANCE & DATES:	TIME:	LOCATION:		
WHAT HAPPENED:				

REMEDY REQUESTED:		
GRIEVANT'S SIGNATURE		DATE
GRIEVANCE STEP (DATES FILED &		
RECEIVED): STEP 1	CTED 2	CTED 2
	STEP 2	STEP 3
GRIEVANCE MEETING HELD (IF	SUPERVISOR OR OFFICIAL	DATE OF DECISION
APPLICABLE & DATE & TIME):	(NAME & TITLE)	
,	,	
SUSTAINED OR DENIED:	OTHER (EXPLAIN):	EXTENSION(S) GRANTED, STEP
SOSTAINED ON DENIED.	OTTER (EXPLAIN).	OF GRIEVANCE PROCESS &
		DATE DUE:
		DATE BOL.

IF DENIED, REASON GIVEN:		
ATTACHMENTS:WITNESS(ES) STATEMENTS	NOTES OR DOCUMENTATION OF STEP 1	OTHER (LIST)