

**Grievance Worksheet**

STEWARD OR UNION REPRESENTATIVE: \_\_\_\_\_

UNION GRIEVANCE NUMBER: \_\_\_\_\_

DATE OF APPEAL: \_\_\_\_\_

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



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