

# Employee Grievance Form

Filing Date: \_\_\_\_\_

Name of Grievant: \_\_\_\_\_

Grievant's Classification: \_\_\_\_\_

Date of Informal Presentation: \_\_\_\_\_

Date of Informal Decision: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Formal Grievance Step:       Step 1       Step 2       Step 3

For information about the grievance resolution procedure and deadlines, refer to Article 6.

Specific Contract article(s) that the grievant alleges has been violated, misapplied, or misinterpreted:

\_\_\_\_\_

Date of alleged violation: \_\_\_\_\_

Date grievant knew, or reasonably should have known of the circumstances that form the basis for the grievance: \_\_\_\_\_

Explain the nature of the alleged violation (use a separate sheet if necessary):

\_\_\_\_\_

Explain the requested remedy/reason for appeal if Step 2 or 3 (use a separate sheet if necessary):

\_\_\_\_\_

Grievant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CSEA Representative: \_\_\_\_\_

Date: \_\_\_\_\_

District's Decision (use a separate sheet if necessary):

\_\_\_\_\_