

# Grievance Form

To: \_\_\_\_\_

Grievance Step \_\_\_\_\_

Aggrieved employee (or group) \_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

One copy each to:

- Management
- Employee
- Union office
- Shop Steward's Copy
- Group Grievance

Civil Service Title \_\_\_\_\_

Dept. or Agency \_\_\_\_\_

Work Location \_\_\_\_\_

Work Phone \_\_\_\_\_

NATURE OF GRIEVANCE (CITE CONTRACT CLAUSE OR RULE OR REGULATION VIOLATED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMEDY SOUGHT \_\_\_\_\_  
\_\_\_\_\_

*District Council 37, American Federation of State, County & Municipal Employees, AFL-CIO  
125 Barclay St., New York, New York 10007*

Local Union Number \_\_\_\_\_ Union Representative or Steward's signature \_\_\_\_\_

Date \_\_\_\_\_ Employee's signature \_\_\_\_\_

ACTION TAKEN (Summarize, or attach the management's reply. If more room is needed, continue on back of this sheet.) Date \_\_\_\_\_

\_\_\_\_\_  
(Supervisor)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_