

**COMPLAINT UNDER GRIEVANCE PROCEDURE**

**GRIEVANCE NUMBER:** \_\_\_\_\_

**STEP:** \_\_\_\_\_

**NAME OF EMPLOYEE:** \_\_\_\_\_

**JOB CLASSIFICATION:** \_\_\_\_\_

**NAME OF SUPERVISOR:** \_\_\_\_\_

**STATEMENT OF GRIEVANCE**

**CIRCUMSTANCES:**

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

**Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**NATURE OF OCCURRENCE:**

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**APPLICABLE SECTION OF AGREEMENT:**

(see attached sheets)

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

**DATE TO MANAGEMENT:** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**STEWARD:** \_\_\_\_\_

**STATEMENT OF SUPERVISOR**

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

**WAS AGREEMENT REACHED:** \_\_\_\_\_ **DATE TO STEWARD:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_