

LOCAL 933
Grievance Form

Date: _____

American Federation of Government Employees

Grievance Case No. _____

Name of Employee: _____ Job Title _____

Service _____ Shift _____ Ext. _____

Date Incident Occurred _____ Date Presented to Supervisor _____

Immediate Supervisor _____

Statement of Grievance: _____

What sections of the contract or agency regulations apply? _____

What incidents, statements or action (if any) relate to the complaint and by whom (Give name and title):

What adjustment is expected? _____

Employee Signature: _____

Steward Signature: _____

Date of 1st Step Request _____

Date of 1st Meeting _____

Date of 2nd Step Request _____

Date of 2nd Meeting _____

Date of 3rd Step Request _____

Date of 3rd Meeting _____

Resolved / Unresolved at what step? _____

(For additional comments - Please use other side)