



UNITED SERVICE WORKERS UNION

IUJAT

### Grievance Form

Name/Grievant:		
Address:		
City:	State:	Zip:
Home Phone Number:	Work Phone Number:	
Department/Division:	Date of Hire:	
Job Classification/Title:	Supervisor:	
Date Grievance Took Place:	Department Head:	

On the next page, please state your grievance giving names, dates, etc. Please be as specific as possible. If additional room is needed, please feel free to attach additional page(s).

Nature of Grievance:

Remedy Requested:

Section(s) of Agreement Violated:

Grievant Signature:

Date: