



CLASSIFIED GRIEVANCE FORM
LEVEL ONE

GRIEVANT

Submission of Grievance – All portions of this section must be completed by the grievant.

Employee's Name:

Assignment:

Date of Grievance:

Statement of Grievance:

My Representative is:

Specific contract provision alleged to have been violated* (cite source):

Date

Signature

(Grievant)

RESPONDENT

Appropriate Supervisor/Manager's Response (due within 14 working days from Level One Conference)

Date

Signature

(Designee)

* Use same number at all levels. Attach additional sheets if necessary.