



**CLASSIFIED GRIEVANCE FORM  
LEVEL TWO**

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**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)

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**RESPONDENT**

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

Date

Signature

(Designee)

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