



AFSCME COUNCIL 5
The American Federation of
State, County, and Municipal Employees,
affiliated with the AFL-CIO

LOCAL _____

OFFICIAL GRIEVANCE FORM • Step

Name of Employee (grievant) _____ Classification _____

Department and Work Location _____

Immediate Supervisor and Title _____

STATEMENT OF GRIEVANCE (Write the nature and the facts of the grievance: who, what, where, when, why)

CONTRACT VIOLATIONS (List all Contract Articles violated)

REMEDY SOUGHT (What employer action will resolve this grievance)

DISPOSITION OF THE GRIEVANCE (What happened)

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Signature of Union Representative _____ Date _____

Signature of Employee _____ Date _____

Signature of Management Representative _____ Date _____

This form is to be signed by the employee and/or the AFSCME representative handling the case. The grievant, by signing this form, acknowledges that the grievance is the property and responsibility of the union. The union will make all final decisions with respect to settlement or arbitration as the grievant's exclusive representative. The grievant also acknowledges that the resolution of this grievance either by settlement or arbitration may act as an estoppel or waiver with respect to causes of action outside the grievance procedure.