



# OFFICIAL STATEMENT OF GRIEVANCE FORM

Name of Grievant(s): \_\_\_\_\_

Name of Group (if applicable): \_\_\_\_\_

Job Classification: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Work Location: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Filed with (if other than supervisor) \_\_\_\_\_

Date Grievance Occurred or Discovered \_\_\_\_\_

Statement of Grievance:

Right/s Violated: *(Cite articles in the contract)*

Remedy Requested:

- ♦ I hereby assign the above grievance to the SEIU Local 503, OPEU for final disposition.
- ♦ I authorize any representative of the SEIU Local 503, OPEU to examine the contents of my personnel file.

Signature of Grievant:

Date:

Grievant's Home Address:

Telephone Numbers:

Steward for this Grievance:

Steward's Home Address:

SEIU Organizer for this Grievance: