



OFFICIAL STATEMENT OF GRIEVANCE FORM

◆ Type Or Press Hard with Ballpoint Pen ◆

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: { Be specific
Include date of occurrence
Attach additional sheets if necessary

Right Violated (Cite articles in the contract): _____

Remedy Requested: _____

- ◆ I hereby assign the above grievance to the SEIU Local 503, OPEU, AFL-CIO, CLC, 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: _____

Street City Zip

Telephone Numbers: _____

Work Home

Steward for this Grievance: _____

Name Work Phone

Steward's Home Address: _____

Street City Zip

SEIU Local 503 Field Rep for this Grievance: _____

Name Work Phone

White ~ Steward

Yellow ~ Management

Pink ~ Grievant