



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: