

APPENDIX B
GRIEVANCE FORM

Name of Grievant: _____ Organizational/Work Unit: _____

Home Address: _____

_____ Office Phone: _____

Grievance: _____

Relief Sought: _____

Provision of Contract/Regulation Alleged Violated: _____

Name of Immediate Supervisor: _____ Office
Phone: _____

Date Grievance Informally Presented: _____

Signature of Grievant/Representative: _____

TO BE COMPLETED BY STEP 2 SUPERVISOR

Name of Step 2 Supervisor: _____ Date Received: _____

Reply: _____

SIGNATURE

DATE

I wish to advance this grievance to step 3 of the Grievance Procedure

_____ for the following reasons:

SIGNATURE
(Grievant or Representative)

DATE

TO BE COMPLETED BY STEP 3 OFFICIAL

DATE RECEIVED BY CPAC _____

Reply: _____

NAME: _____ TITLE: _____

SIGNATURE

DATE