



AFSCME Council 5, AFL-CIO

LOCAL [Click here to enter text.](#)

The American Federation of

State, County, and Municipal Employees, AFL-CIO

OFFICIAL GRIEVANCE FORM • STEP Choose an item.

Name of Employee (Grievant): [Click here to enter text.](#)

Classification: [Click here to enter text.](#)

Department and Work Location: [Click here to enter text.](#)

Immediate Supervisor and Title: [Click here to enter text.](#)

Statement of Grievance (Write the nature and the facts of the grievance: who, what, where, when, why):

[Click here to enter text.](#)

Contract Violations (List all Contract Articles and how they were violated):

[Click here to enter text.](#) And all other applicable articles.

Remedy Sought (What employer action will resolve this grievance):

[Click here to enter text.](#) Make the grievant whole.

Disposition of the Grievance (What happened):

[Click here to enter text.](#)

.....
Signature of the Union Representative:..... **Date:**.....

Signature of the Employee:..... **Date:**.....

Signature of the Mgmt 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 grievance's exclusive representative. The grievant also acknowledges that the resolution of this grievance either by settlement or arbitration may prevent causes of action outside the grievance procedure.