



PSE GRIEVANCE FORM

District/Employer: _____
Chapter: _____
Grievance Number: _____
Step: _____

DISTRIBUTION: 1) Immediate Supervisor 2) GRIEVANT 3) APPROPRIATE DISTRICT OFFICIAL 4) CHAPTER GRIEVANCE COMMITTEE 5) PSE FIELD REP.

BIOGRAPHICAL DATA:

Grievant's Name: _____

Address: _____
(Mailing Address) (City) (Zip)

Home Phone: (____) _____ Work Phone: (____) _____

Position Title: _____

Hire Date: _____ Employment Date (if different): _____

SUBMITTAL INFORMATION:

I, _____, submit this grievance to _____
on _____, for investigation and resolution.
(Date)

If the grievance is submitted by an Association representative, complete the following:

I certify that I am _____ and have been authorized by
(Association Position)
the grievant named above to file this grievance.

STATEMENT OF GRIEVANCE:

A. Facts on Which Grievance is Based: (If additional space is needed, please use back of form or an attachment.)

B. Provisions of Agreement Allegedly Violated (Article and Section Numbers):

C. Remedy Sought:

Signature of Party Submitting Grievance: _____ Date: _____