

APPENDIX B

Local Union # Local 2959
Grievance Case _____

SBA/AFGE GRIEVANCE FORM

- (1) Name of Grievant _____ Grade _____
- (2) Office of the Grievant _____
- (3) Date and Time incident occurred that gives rise to the grievance

- (4) Date and Time Complainant became aware of the grievance

- (5) Name of Immediate Supervisor _____

Was discussion held with immediate supervisor?
Yes No Date held _____
- (6) Who: Refers to the person (s) causing the grievance _____
- (7) Where: Exact place where grievance occurred _____
- (8) Why: Reasons why the complaint is considered a grievance _____
- (9) What: Adjustment or relief desired _____
- (10) Witness: If any _____
- (11) What section of the contract or provision of regulation were violated _____
- (12) What practices, customs or grievance settlement (if any) apply to this incident

- (13) What other incidents, statements or action (if any) relate to the grievance and by whom (give name and titles) _____
- (14) Employee's Signature _____ Date _____
- (15) Representative (if any) _____ Date _____

(Use other side needed)