GRIEVANCE FORM - STEP 1

1. Name of Employee	2. Grade
3. Phone	4. Position Title
5. Organization	6. Supervisor

7. Date Incident Occurred (See time limits in Art 19, Section 6):

8. Nature of Grievance: Describe in detail the matter being grieved and any informal attempts to resolve the matter. Include dates, times, places, and individuals involved. Indicate what provisions of the agreement or regulation you feel have been violated, if any. Additional pages may be used and documentation attached as necessary.

9. Grievance Resolution Requested:

10. Name of Union: _____ Phone: _____

SIGNATURE OF EMPLOYEE OR UNION

DATE RECEIVED

SIGNATURE OF SUPERVISOR OR DESIGNEE

DATE RECEIVED

FOR CPAC USE ONLY

Date _____ Grievance# _____

FC FORM 1807-E, 1 SEPTEMBER 2000