

GRIEVANCE FORM - STEP 2

1. Name of Employee _____

2. Phone _____

2. I am not satisfied with the grievance decision given to me by _____
on _____ (NAME OF DECIDING OFFICIAL)
(DATE RECEIVED)

3. I wish to pursue my grievance to Step 2.

4. Request a meeting to discuss this grievance. DO NOT request a meeting to discuss this grievance.

SIGNATURE OF EMPLOYEE OR UNION

DATE RECEIVED

SIGNATURE OF DECIDING OFFICIAL

DATE RECEIVED

PHONE NUMBER

ATTACH STEP 1 GRIEVANCE

STEP 2 DECISION

1. Name of Deciding Official _____

2. Phone _____

3. Date Meeting Held _____

4. Decision

SIGNATURE OF EMPLOYEE OR UNION

DATE RECEIVED

SIGNATURE OF DECIDING OFFICIAL

DATE RECEIVED

FOR CPAC USE ONLY

Date _____

Grievance# _____