



## STANDARD COMPLAINT/GRIEVANCE FORM

<b>Date Submitted:</b> (Auto-Populated)	<b>Date Received:</b> (Entered by Company)	<b>Complaint/Grievance Number:</b> (Auto-Populated)
		<b>Linked To:</b> <input type="text"/>

	Employee ID: (123456)	LOC	Last Name	First Name	MI	Current Classification:
1*						
2						
3						
4						
5						

Applicable Agreement /Policy <small>(Select Agreement OR Enter Other Policy Document)</small>	Section(s) of the Agreement at issue <small>(Enter exact provision of the CBA)</small>								
CBA*			Article*	Section*	Paragraph*		Article	Section	Paragraph
Other		1				4			
Other		2					<i>Letter(s) of Agreement</i>		
Other		3							

	STEP 1* COMPLAINT		STEP 2 GRIEVANCE		STEP 3 GRIEVANCE		STEP 4 ARBITRATION
Received:		Received:		Received:			
Decision Dt:		Decision Dt:		Decision Dt:			
Status:		Status:		Status:			
Disposition:		Disposition:		Disposition:			

Complaint / Grievance Summary*	How can the dispute be resolved?*

I acknowledge the information provided in this document is in accordance to the defined requirements of the respective Collective Bargaining Agreement. I understand that checking this box constitutes a legal signature confirming that I acknowledge the accuracy of the information provided.

Submitted By*			Delivered to Company Representative*		
Last Name	First Name	MI	Last Name	First Name	MI
<b>Title</b>			<b>Company Representative Title</b>		