Press hard for clear copies.

DISTRICT 1199C GRIEVANCE FORM

STEP 1	STEP 2	STEP 3
Addressed to:	Addressed to:	Addressed to:

INSTITUTION _____ DELEGATE _____

DATE GRIEVANCE ORIGINATED _____ DATE OF SUBMISSION _____

EMPLOYEE'S NAME _____ JOB TITLE _____

SHIFT _____ SENIORITY _____ DEPARTMENT _____

_____
Employee's Signature

NATURE OF GRIEVANCE: _____

VIOLATION OF ARTICLE: _____ SECTION: _____

STATEMENT OF CASE: _____

ADJUSTMENT REQUESTED: _____

SIGNED (Union Delegate or Representative) _____

DISPOSITION BY INSTITUTION _____

DATE _____ SIGNED _____
Institution Official

(When processing 2nd and 3rd step, please attach related material to this Grievance Form)

• white copy *management* • yellow copy *union* • pink copy *grievant* • gold copy *delegates*