

ACT ARIZONA ARMY CHAPTER #61 GRIEVANCE FORM

1. DATE:	2. GRIEVANT'S NAME:	3. JOB TITLE, SERIES & GRADE:
4. SHOP OR OFFICE:		5. DUTY PHONE/FAX NUMBER:
6. UNION REPRESENTATION? YES NO	7. NAME OF UNION REPRESENTATION:	8. REPs PHONE/FAX NUMBER:
9. GRIEVANT'S SUPERVISOR OR MANAGER'S NAME:		10. PHONE # FOR SUPERVISOR:
11. CONTRACT, REGULATION, LEGAL, OR OTHER REFERENCES:		
12. DETAILS OF GRIEVANCE:		
13. SPECIFIC RELIEF REQUESTED:		
14. SIGNATURE OF GRIEVANT:		15. DATE:
16. SIGNATURE OF UNION REPRESENTATIVE:		17. DATE:
18. GRIEVANCE PROCEDURE RECEIPT RECORD:		
STEP 1 _____	DATE _____	
STEP 2 _____	DATE _____	
STEP 3 _____	DATE _____	

INSTRUCTIONS FOR COMPLETING GRIEVANCE FORM

General. The grievant, and/or the union representative, should complete blocks 1 through 18. If there isn't enough room in any block, make a note in the block that there are additional pages attached. Insure that any additional pages are titled appropriately. After completion, at least two copies of the grievance should be presented to the HRO POC designated by the employer to accept grievances (normally the Labor Relations Specialist).

Block 1. Today's date.

Block 2. Enter the grievant's first name, middle initial, and last name.

Block 3. Grievant's current job title, series, and grade (if known).

Block 4. Shop or office where grievant normally works.

Block 5. Grievant's normal work phone number and FAX number.

Block 6. Check the appropriate block as to whether or not grievant request union representation.

Block 7. If block 6 is checked "YES" (union representation is requested), enter the name of the representative requested (normally this will be the steward assigned to the grievant's work area). If "NO" is checked in block 6, leave this block blank.

Block 8. The phone and FAX numbers of the union representative named in the previous block.

Block 9. Enter the name of the grievant's immediate supervisor or the management official who is most familiar with the grievance.

Block 10. The phone and FAX numbers for the management official cited in block 9, if known.

Block 11. Enter the specific section, article, or part of the Law, Rule, Regulation or Labor/Management Agreement article (union contract) that was allegedly violated by the incident, event, or action detailed in block 12.

Block 12. State in detail the incident, event or action on which this grievance is based. Include names, dates, and locations as appropriate. If there are witnesses, name them and include their phone/FAX numbers if known. Attach copies of any documentation that is relevant (keep the originals).

Block 13. Enter what relief and/or corrective action the grievant feels will resolve the matter.

Block 14, 15, 16, 17 The grievant and union representative (if applicable) sign and date in the respective blocks.

Block 18. At each step of the grievance, two copies of the grievance will be presented to an employer designated POC in HRO (normally the Labor Relations Specialist). The designated POC will sign and date both copies acknowledging receipt. One copy will be retained by the designated POC for processing. One will be returned after signature to the grievant or the union representative.