**OFFICIAL GRIEVANCE FORM**  
WASHINGTON FEDERATION OF STATE EMPLOYEES, AFL-CIO

**Grievance #:**

**Local:**

**Name of Grievant(s):**

**Agency or Higher Education Institution:**

**Work Location:**

**Date Filed:**

**Classification (if known):**

**Supervisor:**

**Appointing Authority:**

Directions: Any employee who desires to file a grievance must consult with a Union Representative (Steward/Chief Steward or WFSE Staff), who will complete this form and sign it, **in accordance with the appropriate grievance procedure.**

**Applicable Collective Bargaining Agreement (CBA):**

**Article(s) and Section(s) of the CBA violated, misapplied, and/or misinterpreted:**

**Other violations (UW only):**

**Check one**:  **Discipline**  **Non-Discipline**

Nature of the grievance and facts upon which the grievance is based. (State briefly but fully pertinent information such as date, place, who caused the action objected to [if known] and relevant inequitable or unfair treatment. Use additional sheets if necessary. **Number of attached sheets:**

**SPECIFIC REMEDY REQUESTED:**

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Name and Signature of Union Representative Grievant’s Signature (optional under all CBAs)

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Name and Title of Employer Representative Receiving Grievance (**please print**) Signature of Employer Representative Date

Distribution: Employer Representative(s) (in accordance with the appropriate grievance procedure); Grievant; Steward; Staff Representative; Local/Council 28 Grievance Committee