OFFICIAL GRIEVANCE FORM

WASHINGTON FEDERATION OF STATE EMPLOYEES, AFL-CIO

Grievance # _____

Local: _____ **Date filed:** _____

Name of Grievant(s): _____ **Classification (if known):** _____

Agency or Higher Education Institution: _____ **Supervisor:** _____

Work location: _____ **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:

_____ _____

Name and Signature of Union Representative: Grievant's Signature (optional under all CBA's)

_____ _____

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; Council 28 Grievance Committee

Adopted by the Council 28 Executive Board August 27, 2005
Amended by the Council 28 Executive Board on July 14, 2007

Official Grievance Form

Attached Sheet Replace this text with Your Name, Date, page #