

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; Local/Council 28 Grievance Committee

Official Grievance Form

Attached Sheet