Local Grievance Committee Decision Appeal Form

By completing this form I understand that I am appealing the decision of the Local Grievance Committee to the WFSE Statewide Grievance Committee. I also understand that the completed form must be submitted to the WFSE staff person attending the Local Grievance Committee meeting before the end of that meeting.

Grievant: _____ Local: _____

Mailing Address: _____

_____

_____

Contact Phone Number(s): Home _____

Work _____

Cell _____

State Employment (current, or most recent, if no longer employed):

Agency: _____

Office/Location: _____

Staff Representative: _____

Steward: _____

Date of next grievance hearing/meeting: _____

My reason(s) for challenging the decision is/are as follows:

_____

_____

_____

_____ _____

Signature of Grievant Date