GRIEVANT'S STATEMENT

FOR THE UNION FILE ONLY - NOT PART OF THE JOINT FILE

DATE:___/___/____

GRIEVANT:_____Employee ID #:_____

Grievant's Title, Designation code, and Route Number:_____

Grievant's Mailing Address:_____

Grievant's Phone Number:_____

Office:_____Office Phone:_____

EMERGENCY CONTACT:

Name:_____

Address:_____

Phone Number:_____

Describe in detail the circumstances that lead you to file this grievance (be specific):

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Signature of grievant

(use additional pages as necessary)