FORM OF GRIEVANCE

GRIEVANT:

Name_________________________________________________ Date Submitted_____________________

Rank/Dept________________________________________________

Office phone______________ Resubmitted_____________________

E-mail____________________________

PERSON AGAINST WHOM THIS GRIEVANCE IS BEING FILED:

Name _______________________________________________________________________________

Position____________________________________________________________________________

WHAT DECISION IS THE BASIS OF THIS GRIEVANCE?

____________________________________________________________________________________

WHAT REMEDY OR RESOLUTION DOES THE GRIEVANT SEEK?

____________________________________________________________________________________

CHRONOLOGY:

Date of notification of contested decision: ____________________________

Communications with person issuing the contested decision after the above date:

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<tr>
<th>Date:</th>
<th>Nature of communication (brief specific statement):</th>
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SUMMARY OF GRIEVANCE:

On a separate page, describe specifically the decision being grieved and how the grievant was treated unfairly, adversely affected by the decision, or how the decision violated established policies and procedures. **No more than 1 page maximum** (8½ x 11”, 1” margins, 12 pt/10cpi font) will be accepted. The grievant may include any appropriate matter that substantiates the grievance. In accordance with Section 1.2 of the Grievance Procedure, the statement must address (1) the decision being grieved, and (2) how the decision resulted in unfair treatment because of a failure to follow procedures.