Chapter 89 – Form 2 Submit 5 copies

Date Rec'd by Employer:	

LABOR AGREEMENT GRIEVANCE FORM

Unit 11 – Firefighters Step I

O:		
O: (Division Head)	(Position Title)	(Department)
FROM:		
(Name of Grievant)	(Position Title)	(Department)
PART I.		
	procedure contained in the Firefighters resolve this grievance through the infortunent).	
STATEMENT OF GRIEVANCE	E (type an X in the appropriate selection	<u>1):</u>
1 Date of alleged violation	On:	
If alleged violation is o	continuous, date first became known:	Date
2. Section or provision of the a	greement allegedly violated:	
3. Nature of complaint. (Dates,	facts, circumstances, etc.)	
. REMEDY SOUGHT:		
(Signature of Union Representative, if ap	plicable) (3	Signature of Grievant)
OATE:	DATE:	

PART II:	Division He department	ead (Compl head and e	ete this p mployer	oart.) Reta (Civil Sea	in (1) copy vice).	, send (1) copy each to the gr	rievant, union,
A. Grieva Was n	ant and union neeting held?	representat Yes	ive are to No	o be offere Date of I	ed opportur Meeting: _	nity to meet and discuss griev	ance.
B. <u>DECI</u> S	SION:						
Date:						(Signature of Division I	Jond
						(Signature of Division i	icau)
The time limit of ten (10) days for division head's reply is hereby extended to:							
(Date)							
	(Union Rep	resentative)				(Division Head)	