

GIVEN TO LABOR RELATIONS

GRIEVANCE # _____

DATE _____ RCVD BY _____

NAGE GRIEVANCE COMPLAINT FORM

NAME:
(Last, First, Middle Initial)

Address:

Telephone No.

Office No.:

Name and Address of Government Agency Where Employed:

Occupation:

Relevant Contract Articles Violated (If Known):
Article _____

Nature of Complaint

This is a violation of the NAGE Contract under Article _____ (attached) and any and all other relevant Articles and/or Provisions of the Collective Bargaining Agreement.

Resolution Desired

Signature of Employee.....
DATE.....

Signature of Steward.....
DATE.....

Number of Days: From / / / To / /

Signature - Management Union

Management's Reply

Date

Disposition