

Grievance # _____

OFFICIAL GRIEVANCE FORM

Name _____

Job Title _____

Work Location _____

Work Address _____

Home Address _____

Home Phone _____

STEP I

A. Date cause of Grievance occurred: _____

B. Article(s) and Section(s) alleged to have been violated:

C. State Grievance:

D. State Relief Sought:

E. Disposition of Immediate Supervisor:

Immediate Supervisor

Date

STEP II

F. Date submitted to Superintendent: _____

Signature of Grievant

Signature of BTU-TSP Representative

Date Filed

Copies to: (1) Immediate Supervisor, (2) BTU-TSP, (3) Grievant