

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