City of Madison Grievance Form

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| NAME (LAST, FIRST, MI) | JOB TITLE |
| DEPARTMENT/DIVISION | WORK LOCATION | EMPLOYEE’S HOME ADDRESS |
| UNION OR ASSOCIATION | EMPLOYEE’S WORK PHONE NO. | EMPLOYEE’S HOME PHONE NO. |
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| This grievance alleges violation of Article(s) Section(s) of the HANDBOOK OR LABOR AGREEMENT. | DATE OF ALLEGED GRIEVANCE |
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| DESCRIBE THE GRIEVANCE - STATE ALL FACTS, INCLUDING TIME, PLACE OF INCIDENT, NAMES OF PERSONS INVOLVED, ETC. (ATTACH ADDITIONAL SHEETS IF NECESSARY). |
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| RELIEF SOUGHT: |
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| EMPLOYEE’S SIGNATURE | UNION/ASSOCIATION REPRESENTATIVE’S SIGNATURE | DATE FILED WITH EMPLOYER |
|  |  |  |
| EMPLOYER REPRESENTATIVE’S ANSWER |
|  |
| EMPLOYER REPRESENTATIVE’S SIGNATURE | TITLE | DATE GRIEVANCE RECEIVED | DATE GRIEVANCE ANSWERED |
|  |  |  |  |