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. | |
|  |  | | |  | |
| 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 |
|  |  | |  | |  |