



CONNECTICUT EMPLOYEES UNION INDEPENDENT
GRIEVANCE INTAKE

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

JOB TITLE: _____

AGENCY: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

SHIFT: _____

STEWARD'S NAME: _____

LENGTH OF SERVICE WITH STATE: _____

LENGTH OF SERVICE WITH AGENCY: _____

LENGTH OF SERVICE IN CLASSIFICATION: _____

Have you had any past evaluations denying an annual increment? _____

Any prior suspensions, dismissals, demotions, etc? Discuss below:

WHO IS INVOLVED?

1. Responsible management person(s)? _____

2. Witness(es)? _____

WHEN DID IT HAPPEN?

1. Time and date of event? _____

2. First formal step? _____

WHERE DID IT HAPPEN? _____

WHAT HAPPENED? _____

What did a management representative do or fail to do that gives rise to the complaint?

Why is it grievable? Specifically what is wrong with "what happened"? _____

Contract language or policy violated (cite article, section, paragraph, page number, etc) _____

What must be done to make the grievant whole? _____

1. Corrective action requested _____

2. What would we settle for? _____

(REVISED JULY 2002)

I hereby designate the CONNECTICUT EMPLOYEES UNION INDEPENDENT to act as my designee in all matters relating to my grievance concerning _____

Date

Signature

(REVISED NOVEMBER 2011)