

# Grievance

Please print and complete this document, and send to the CSEA Union Office, LSG-407.

An officer will contact you to make an appointment to discuss. Thank you!

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

CSEA Member Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

When did you start at BU?: \_\_\_\_\_

Shift & Pass Days: \_\_\_\_\_

Department: \_\_\_\_\_

Work Location (Bldg/Rm #): \_\_\_\_\_

## Complaint Information

Incident Date/Time: \_\_\_\_\_

Who Was Involved (Name/Title): \_\_\_\_\_

Witnesses: \_\_\_\_\_

Describe What Happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe What Happened (Continued): \_\_\_\_\_

Lined area for describing what happened.

Remedy Sought: \_\_\_\_\_

Lined area for describing the remedy sought.

Additional Comments: \_\_\_\_\_

Lined area for additional comments.