

BCSA

Grievance Number: _____

GRIEVANCE FORM

DATE: _____

EMPLOYEE'S NAME: _____

PRESENT WORKING TITLE: _____

PERMANENT CLASSIFICATION: _____

TELEPHONE NUMBER: (W) _____ (H) _____

NAME OF IMMEDIATE SUPERVISOR: _____

STATEMENT OF GRIEVANCE BY MEMBER (INCLUDE ALL DETAILS, PRINT CLEARLY OR TYPE STATEMENT) ALL GRIEVANCES MUST REFERENCE A SECTION OF THE CURRENT CONTRACT

EMPLOYEE SIGNATURE

GRIEVANCE CHAIR/ STEWARD SIGNATURE

SUPERVISOR'S RESPONSE TO GRIEVANCE:

IN ACCORDANCE WITH THE BCSA CONTRACT, RESPONSE TO THIS GRIEVANCE BY THE GRIEVANT'S SUPERVISOR MUST BE WITHIN SEVEN (7) WORKING DAYS WHICH IS: _____

RETURN THIS FORM TO: _____

LOCATION: _____

PHONE NUMBER IS: _____

ACTION TAKEN

SUPERVISOR'S SIGNATURE

DATE