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AFSCME WISCONSIN COUNCIL #32

LOCAL UNION NAME: _____ No. _____

Employer: _____

Complaint and Grievance No. _____ Date _____

Employee's Supervisor _____ Work Location _____

Employee's Name _____ Hiring Date _____

Employee's Phone _____ Grade Level _____

Date of the alleged infraction _____

Statement of Grievance:

(Circumstances of Facts): **(Briefly, what happened)** _____

(The contention- what did management do wrong?) **(Article or Section of contract which was violated if any)** _____

(The Request for Settlement or corrective action desired): _____



(Signed) _____