

FORT BRAGG EMPLOYEE GRIEVANCE FORM

1. GRIEVANT(S) NAME: LEVEL Last First MI		2. GRIEVANCE NUMBER	3. GRIEVANCE ___ Step 1 ___ Step 2 ___ Step 3
		4. TYPE OF GRIEVANCE ___ Individual ___ Union ___ Agency	
5. GRIEVANT(S) JOB TITLE, SERIES AND GRADE:	6. GRIEVANT(S) ORGANIZATION/UNIT, IMMEDIATE SUPERVISOR'S NAME AND TELEPHONE #		
7. SPECIFIC ARTICLE(S) & SECTION(S) OF THE AGREEMENT ALLEGED TO BE VIOLATED			
8. DATE OF ALLEGED VIOLATION(S)			
9. FILING. List and attach all supporting documents. Use reverse side or attach a separate sheet of paper if needed. <div style="text-align: right;">Attachments? ___ No ___ Yes</div> Number _____			
10. SPECIFIC NATURE OF THE GRIEVANCE. Please describe in detail the facts and circumstances (Who, What, Where, When) that explains how the Article(s) and Section(s) were violated. (List and attach all supporting documents). Only items identified below will be addressed during the grievance. (Use reverse side or attach a separate sheet of paper if needed). <div style="text-align: right;">Attachments? ___ No ___ Yes ___ Number</div>			
11. REMEDY OR REDRESS SOUGHT (Use reverse side or attach separate sheet of paper if needed)			
12. GRIEVANT(S) SIGNATURE (Use reverse side or attach separate sheet of paper if needed) DATE		13.	
14. REPRESENTATIVE'S SIGNATURE (If represented) DATE		15.	
16. RECEIPT OF GRIEVANCE: (Last, First, MI)	17. TIME:	18. DATE <div style="text-align: right;">CBA Form 2</div>	